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No. 187

## House of Representatives

The House met at 9 a.m. and was called to order by the Speaker.

### PRAYER

The Chaplain, the Reverend Patrick J. Conroy, offered the following prayer:

Eternal God, we give You thanks for giving us another day. Send Your spirit of peace and calm, that all might have confidence in Your faithfulness to us, and that no matter what lies ahead, Your grace is abundantly available.

Now we approach a week during which all Americans will gather to remember who we are: a nation generously blessed not only by You, our God, but by courageous ancestors, faithful allies, and the best good wishes of people everywhere who long for freedom, who would glory in the difficult work of participative government, and who do not enjoy the bounty we are privileged to possess.

Bless the Members of this assembly, and us all, that we would be worthy of the call we have been given as Americans. Help us all to be truly thankful and appropriately generous in our response.

May all that is done this day be for Your greater honor and glory.

Amen.

### THE JOURNAL

The SPEAKER. The Chair has examined the Journal of the last day's proceedings and announces to the House her approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

### PLEDGE OF ALLEGIANCE

The SPEAKER. Will the gentleman from New York (Mr. BRINDISI) come forward and lead the House in the Pledge of Allegiance.

Mr. BRINDISI led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

### ANNOUNCEMENT BY THE SPEAKER

The SPEAKER. The Chair will entertain up to five requests for 1-minute speeches on each side of the aisle.

### HOUSE DEMOCRATS WORK FOR THE PEOPLE

(Mr. CICILLINE asked and was given permission to address the House for 1 minute.)

Mr. CICILLINE. Madam Speaker, I rise today to highlight the tremendous progress House Democrats have made to get government working for the people.

In less than a year, we have passed nearly 400 pieces of legislation, including more than 275 bipartisan bills that are currently sitting on MITCH MCCONNELL's desk.

We passed legislation to protect coverage for preexisting conditions, to build on the progress of the ACA, and to drive down the cost of prescription drugs.

We fought to get hardworking folks the good-paying jobs they need to put food on the table by passing legislation to raise the minimum wage; to ensure equal pay for equal work; and to invest more than \$70 billion in green, job-creating infrastructure projects.

We fought to clean up corruption in Washington by passing the most comprehensive anticorruption bill since Watergate.

Yet MITCH MCCONNELL would rather tout himself as the grim reaper than vote on these bills that will help his constituents and the American people.

I have a message for you, Senator MCCONNELL: Do your job, or your constituents will pick someone who will.

The SPEAKER pro tempore (Ms. JACKSON LEE). Members are reminded to address their remarks to the Chair.

### IMPEACHMENT INQUIRY HAS NO FACTS

(Mr. KELLER asked and was given permission to address the House for 1 minute.)

Mr. KELLER. Madam Speaker, we are now in week 2 of the "public phase" of Speaker PELOSI's and Chairman SCHIFF's impeachment inquiry.

What comes to mind is a song from 1980 by REO Speedwagon. I am not going to do this any justice, but here it is: "I heard it from a friend who heard it from a friend who heard it from another . . ."

That is the evidence that has been presented in private and in public: no substance. In fact, Mr. Morrison and Ambassador Volker, both of whom claimed to have firsthand knowledge, testified they witnessed no bribery, no quid pro quos, and no illegal actions by President Trump.

Yesterday, Ambassador Sondland said: "I never heard from President Trump that aid was conditioned on an announcement" of investigations.

Here is what it is: We are talking about innuendos, thoughts, and feelings, but no facts. That is what is happening. That is what has happened in the SCIF when it was rehearsed, and that is what is happening in the public performance this past couple of weeks.

### DELAY MEDICAL DEVICE TAX

(Mr. BRINDISI asked and was given permission to address the House for 1 minute.)

Mr. BRINDISI. Madam Speaker, I rise today in support of the advanced manufacturing that is happening in New York's medical device industry.

Medical device companies across New York employ nearly 20,000 people, paying good wages, helping patients live healthier lives, and making products here in the United States.

Companies like Welch Allyn and ConMed are expanding manufacturing

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



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in upstate New York and creating hundreds of new jobs. But this growth could be hurt if we see the return of the medical device tax.

The current suspension of the device tax expires on December 31. Allowing this tax to return could erode gains in employment in the med-tech sector from the last 4 years, ultimately hurting innovation and patient access to new technology.

Madam Speaker, I hope we can work together this year as Democrats and Republicans to delay this tax and keep supporting American manufacturing.

#### SUPPORT SERVICE ORGANIZATION CAUCUS

(Mr. THOMPSON of Pennsylvania asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. THOMPSON of Pennsylvania. Madam Speaker, service plays an important role in communities across the Nation. From small acts of kindness to grand gestures, we can all do our part to make a difference. It is something I am personally passionate about, having served as a volunteer firefighter for many years and being involved in scouting my entire life.

Nobody embodies this mission better than the countless volunteers and service organizations that can be found nationwide. That is why I am honored to co-chair the Congressional Service Organization Caucus with my colleague, Congressman PANETTA from California.

The Congressional Service Organization Caucus is a group of Members who not only support their local volunteer service organizations but share a mutual admiration for community service and humanitarian assistance.

The spirit of service is something that both Republicans and Democrats can come together to champion. That is why Congressman PANETTA and I are asking for the support of our colleagues in joining this caucus and upholding our support for these organizations and the communities that they serve.

#### GIVE VETERANS HEALTH COVERAGE FOR AGENT ORANGE CONDITIONS

(Mr. HARDER of California asked and was given permission to address the House for 1 minute.)

Mr. HARDER of California. Madam Speaker, I rise today to speak directly to White House Chief of Staff Mick Mulvaney.

Recent reports suggest you personally intervened to stop Vietnam vets from getting healthcare, all just to save a buck.

It sounds crazy, and it is. Thousands of veterans were affected by exposure to Agent Orange during the Vietnam war and deserve to have healthcare.

The VA Secretary tried to add four medical conditions caused by Agent Orange to the list VA would cover, but Mick Mulvaney intervened to stop it.

This issue is personal for me. My grandfather served in Vietnam, was exposed to Agent Orange, and died from lung cancer. Sadly, his story is not uncommon.

I refuse to stand by and let other veterans die because they didn't get the healthcare they need. That is not who we are.

Our veterans fought to keep us safe, and many sacrificed life and limb. The last thing they should have to do is come home to fight another battle for the healthcare they earned.

There is still time to turn this around, Mick, and I beg you to reconsider.

The SPEAKER pro tempore. Members are reminded to address their remarks to the Chair.

#### PRIORITIZE TREATMENT FOR ALS

(Mr. CURTIS asked and was given permission to address the House for 1 minute.)

Mr. CURTIS. Madam Speaker, I rise today to share my concerns with patient access to groundbreaking and lifesaving ALS treatments. This is a very personal issue to me as some of my close friends and neighbors have been affected by this difficult disease.

I applaud the enactment of the Right to Try Act, allowing some people another option to receive the treatments they need. However, this should not be the end of the conversation.

It is important to acknowledge that the passage of this act has not opened all the doors we expected, and many are still denied access to treatments.

The FDA's lengthy approval process continues to limit patient access, at times forcing my constituents to spend large sums of money traveling overseas for treatment or, more commonly, forfeiting treatment altogether.

The use of stem cells to treat ALS, widely used and deemed safe in other countries, has been studied in the U.S. for over 12 years but has yet to be approved, despite its fast-tracked status.

Delaying approval of this treatment, commonly known as NurOwn, is putting lives at risk. I urge the FDA to prioritize its approval and give access to thousands of ALS patients.

#### INCREASE FEDERAL USE OF GREEN ENERGY

(Ms. BROWNLEY of California asked and was given permission to address the House for 1 minute.)

Ms. BROWNLEY of California. Madam Speaker, the Federal Government is the Nation's largest purchaser of electricity, yet it buys renewable energy at a rate that is far less than the rest of the country.

With a climate crisis threatening our planet and our way of life, this is not acceptable. We can and must leverage the resources of the Federal Government to accelerate the technological innovation needed to transition to a green and clean economy.

That is why, earlier this week, I introduced the Green Energy for Federal Buildings Act. My legislation would require the Federal Government to increase the share of electricity it gets from renewable sources.

Under current law, the Federal Government is required to utilize only 7.5 percent renewable energy for its electricity needs. My bill would up the ante, raising the requirement to 35 percent by 2030, 75 percent by 2040, and 100 percent by 2050.

This crisis is upon us. We must have the strength and the foresight to act decisively, creatively, and boldly. There is no time to waste.

#### CELEBRATING NATIONAL BIBLE WEEK

(Mr. BUDD asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BUDD. Madam Speaker, I rise today to celebrate the 78th anniversary of National Bible Week.

In this very Bible, the Apostle Paul tells us in 2 Timothy, Chapter 4:

For the time is coming when people will not endure sound teaching, but have itching ears, they will accumulate themselves teachers to suit their own passions and will turn away from listening to the truth and will wander off into myths.

Even as I look behind me at the words "In God We Trust," I wonder if we as a nation are succumbing to what the Apostle Paul warned about 2,000 years ago.

There is a solution to this problem, and it is found in the very same chapter. Paul writes:

Preach the Word, be ready in season and out of season; reprove, rebuke, and exhort, with complete patience and teaching.

He writes in the prior chapter, 2 Timothy, Chapter 3, that all Scripture is breathed out by God and profitable for teaching, for reproof, for correction, and for training in righteousness, and that a person of God may be complete, equipped for every good work.

So we see the people of His creation are intended for purposeful good works, and we are guided into that purpose by God through the very Scriptures that we celebrate this week.

#### SUPPORTING NATIONAL RURAL HEALTH DAY

(Ms. KUSTER of New Hampshire asked and was given permission to address the House for 1 minute.)

Ms. KUSTER of New Hampshire. Madam Speaker, I rise today on National Rural Health Day to bring attention to the importance of healthcare in rural communities across this country and in New Hampshire.

Far too often, there are substantial health disparities for those living in rural America. Our rural communities face growing and unique healthcare challenges exacerbated by distance and the time it takes to see a provider.

That is why I am a proud cosponsor of H.R. 4995, the Maternal Health Quality Improvement Act. This legislation would create rural maternal network grant programs and ensure maternal health providers are eligible for telehealth.

This is especially impactful for Granite State families that face long distances and deal with extreme workforce shortages that make it difficult to access much-needed care. For them, having access to telehealth for maternal care is a real life-changer.

We must all continue to support and lift up the innovation, quality, and service of rural healthcare providers and facilities.

#### RECOGNIZING PULMONARY HYPERTENSION AWARENESS MONTH AND NATIONAL ADOPTION MONTH

(Mr. BRADY asked and was given permission to address the House for 1 minute.)

Mr. BRADY. Madam Speaker, I rise today in recognition of two important events in November: Pulmonary Hypertension Awareness Month and National Adoption Month.

Pulmonary hypertension was first brought to my attention by my dear friend Jack Stibbs, whose daughter, Emily, had PH. Because of her early diagnosis and his terrific leadership, Emily has been able to lead a relatively normal life and recently graduated from college and married. However, not all patients are as fortunate as she.

That is why the work of the Pulmonary Hypertension Association is so important. Their efforts to increase awareness and research across Federal agencies are making a huge difference in lives across the Nation. I am proud to represent the PHA Lone Star Chapter in The Woodlands, Texas.

November is also National Adoption Month. This is a cause I hold close to my heart because it is thanks to the miracle of adoption that I have my incredible family today.

During this month, we recognize and thank the adoptive parents, dedicated professionals, and the faith-based organizations that work tirelessly to provide our Nation's children with love and support.

Madam Speaker, I ask my colleagues to join me in raising awareness and saying thanks to these two great causes.

#### WORKPLACE VIOLENCE PREVENTION FOR HEALTH CARE AND SOCIAL SERVICE WORKERS ACT

GENERAL LEAVE

Mr. COURTNEY. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous materials on H.R. 1309.

The SPEAKER pro tempore (Ms. BROWNLEY of California). Is there ob-

jection to the request of the gentleman from Connecticut?

There was no objection.

The SPEAKER pro tempore. Pursuant to House Resolution 713 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the consideration of the bill, H.R. 1309.

The Chair appoints the gentlewoman from Texas (Ms. JACKSON LEE) to preside over the Committee of the Whole.

□ 0916

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the consideration of the bill (H.R. 1309) to direct the Secretary of Labor to issue an occupational safety and health standard that requires covered employers within the health care and social service industries to develop and implement a comprehensive workplace violence prevention plan, and for other purposes, with Ms. JACKSON LEE in the chair.

The Clerk read the title of the bill.

The CHAIR. Pursuant to the rule, the bill is considered read the first time.

General debate shall be confined to the bill and shall not exceed 1 hour equally divided and controlled by the Chair and ranking minority member of the Committee on Education and Labor.

The gentleman from Connecticut (Mr. COURTNEY) and the gentlewoman from North Carolina (Ms. FOXX) each will control 30 minutes.

The Chair recognizes the gentleman from Connecticut.

Mr. COURTNEY. Madam Chair, I yield myself such time as I may consume.

Madam Chair, today's vote on H.R. 1309 is an important milestone in what has been a 7-year process of getting the Occupational Safety and Health Administration to effectively act to protect the healthcare and social service workforce from skyrocketing rates of violence.

Sadly, in America today, nurses, doctors, social workers, EMTs, and nursing assistants are more likely to be the victim of on-the-job violence than any other sector of our Nation's workforce.

This violence comes in the form of assaults, kicking, hitting, choking, and spitting from patients and residents and clients or those who may accompany them. It affects a worker's sense of safety at work. It contributes to burnout, absenteeism, high workers' compensation costs, and stress. Tragically, it can also lead to death.

According to the Bureau of Labor Statistics, healthcare and social service workers are more than five times as likely to suffer a serious injury from workplace violence than workers in other settings. And this chart, which shows the red line of healthcare workers versus other sectors in the U.S. economy vividly, powerfully demonstrates the data that is coming into the Department of Labor on this issue.

In psychiatric hospitals, that number is drastically higher. In a recent survey, nearly 50 percent of emergency room physicians report having been physically assaulted at work, and 60 percent of those who have these occurrences said they happened in the past year.

As this graph shows, these numbers are on the rise. The incidents of violence in the workplace have increased 80 percent over the last decade.

Since OSHA has not effectively addressed this emergency, this bill is necessary to ensure that a standard is issued and enforced in a reasonable period of time.

Using past precedent, the bill calls for an interim final standard within 1 year and a final standard within 42 months. The public comment and rule-making process is preserved in the development of the final standard.

Very simply, the standard required by the bill would require that covered employers, such as hospitals and psychiatric facilities, develop a workplace violence prevention plan that is tailored to the specific conditions and hazards present at each workplace. It is not a one-size-fits-all requirement.

Madam Chair, developing a plan is not rocket science. For over 20 years, OSHA has published voluntary guidelines on violence prevention that include commonsense measures, such as training staff about how to identify high-risk patients, share the information with coworkers, not be alone, and ways to de-escalate threats. We know from the Joint Commission on Hospital Accreditation that these measures work, and the problem is, though, that there is no consistent enforceable standard to ensure their application, and that is precisely what this bill does.

While we will never eliminate all risk or stop every violent attack, research on the measures in this legislation have been shown to substantially cut the incidence of serious injury from workplace violence. The nurses, doctors, social workers, and EMTs who care for us in our times of crisis and need deserve to have these protections soon, not in 7 years and not in 20 years, as is likely if we fail to pass this legislation into law, leaving OSHA rule-making to its own dilatory, almost comatose, devices.

I would like to thank the large coalition of healthcare professionals, their organizations, and union representation who have diligently fought for these protections for years; the subcommittee chair, ALMA ADAMS, of the Workforce Subcommittee on Education and Labor and Chairman BOBBY SCOTT for their leadership; also, Richard Miller and Jordan Barab, our committee staff, who have done amazing work, as well as Maria Costigan from my personal office, who have just worked night and day for years to try and get us to this point.

Madam Chair, I reserve the balance of my time.

HOUSE OF REPRESENTATIVES,  
COMMITTEE ON ENERGY AND COMMERCE,  
Washington, DC, September 6, 2019.

Hon. BOBBY SCOTT,  
Chair, Committee on Education and Labor,  
Washington, DC.

DEAR CHAIRMAN SCOTT: I write concerning H.R. 1309, the "Workplace Violence Prevention for Health Care and Social Service Workers Act," which was additionally referred to the Committee on Energy and Commerce.

In recognition of the desire to expedite consideration of H.R. 1309, the Committee on Energy and Commerce agrees to waive formal consideration of the bill as to provisions that fall within the rule X jurisdiction of the Committee on Energy and Commerce. The Committee takes this action with the mutual understanding that we do not waive any jurisdiction over the subject matter contained in this or similar legislation, and that the Committee will be appropriately consulted and involved as this bill or similar legislation moves forward so that we may address any remaining issues within our jurisdiction. I also request that you support my request to name members of the Committee on Energy and Commerce to any conference committee to consider such provisions.

Finally, I would appreciate the inclusion of this letter in the report on the bill and into the Congressional Record during floor consideration of H.R. 1309.

Sincerely,

FRANK PALLONE, Jr.  
Chairman.

COMMITTEE ON EDUCATION AND  
LABOR, HOUSE OF REPRESENTATIVES,

Washington, DC, September 9, 2019.

Hon. FRANK PALLONE, Jr.,  
Chairman, House Committee on Energy and  
Commerce, Washington, DC.

DEAR CHAIRMAN PALLONE: In reference to your letter of September 6, 2019, I write to confirm our mutual understanding regarding H.R. 1309, the "Workplace Violence Prevention for Health Care and Social Service Workers Act."

I appreciate the Committee on Energy and Commerce's waiver of consideration of H.R. 1309 as specified in your letter. I acknowledge that the waiver was granted only to expedite floor consideration of H.R. 1309 and does not in any way waive or diminish the Committee on Energy and Commerce's jurisdictional interests over this or similar legislation.

I would be pleased to include our exchange of letters on this matter in committee report for H.R. 1309 and in the Congressional Record during floor consideration of the bill to memorialize our joint understanding.

Again, thank you for your assistance with these matters.

Sincerely,

ROBERT C. "BOBBY" SCOTT,  
Chairman.

Ms. FOXX of North Carolina. Madam Chair, I yield myself such time as I may consume.

Madam Chair, I rise today in opposition to H.R. 1309, the Workplace Violence Prevention for Health Care and Social Service Workers Act.

American workers deserve to be kept out of harm's way while on the job, allowing them to return home to their families and loved ones healthy and safe.

According to the Bureau of Labor Statistics, healthcare and social service workplaces experience the highest

rate of workplace violence, totaling 71 percent of all workplace violence injuries in 2017, and these workers are more than four times as likely to suffer a workplace violence injury.

There is no question that these caregivers deserve meaningful and effective protections, but H.R. 1309 is shortsighted and partisan, and it fails to address the important issue in an effective, feasible manner.

In the Education and Labor Committee's single hearing on this issue back in February, Members on both sides of the aisle expressed a desire to work together to produce real policy solutions.

Committee Republicans believe there can be a bipartisan response to this issue that would aid in the rulemaking process and provide protection to healthcare and social service workers.

Instead, committee Democrats have decided to advance legislation that circumvents the long-established rulemaking process and blocks valuable input from workers and other stakeholders who know better than we do how to prevent workplace violence in these unique circumstances.

The Occupational Safety and Health Administration, or OSHA, the Federal agency that helps ensure safe and healthful working conditions, is currently working on a workplace violence prevention rule for healthcare and social assistance workplaces, which includes gathering important stakeholder input to create the most feasible and effective Federal safety and health standards possible.

However, by requiring OSHA to circumvent established rulemaking procedures under the Occupational Safety and Health Act and the Administrative Procedure Act, H.R. 1309 would undermine and threaten this ongoing collaborative and evidence-based process by denying OSHA the ability to be responsive to important feedback from the public and impacted stakeholders.

H.R. 1309 severely limits the participation of industry, worker representatives, the scientific community, and the public from having a say in the development of a new comprehensive standard. Democrats are rejecting a thorough response to this complex and highly technical issue that is backed by meaningful input.

Furthermore, this legislation turns a blind eye to comprehensive research and data. Currently, there is no agreed-upon set of policies to prevent and mitigate workplace violence for healthcare and social service workers, and researchers in the field have pointed out the need for additional studies to determine the most effective response.

In 2019, the Centers for Disease Control and Prevention said further research was needed to identify effective strategies that prevent workplace violence in healthcare and social service settings.

Additionally, in 2016, the Government Accountability Office, GAO, noted there have been a limited num-

ber of studies done on the effectiveness of workplace violence prevention programs, and GAO chose not to call on OSHA to establish a standard without further study.

Continuing with their record of rushed and haphazard legislation, Democrats are pushing a false sense of urgency with H.R. 1309. This bill wrongly implies that Congress should impose a swift and sweeping standard immediately, ignoring that OSHA is already enforcing workplace violence prevention. In 2019, the Occupational Safety and Health Review Commission upheld penalties issued by OSHA under the general duty clause against healthcare facilities for not adequately addressing workplace violence.

I will remind my colleagues on the other side of the aisle that, according to a 2018 American Hospital Association survey, 97 percent of respondents indicated they already have workplace violence policies in place.

To make matters even worse, H.R. 1309 mandates yet another costly and burdensome regulation. Simply put, financially struggling healthcare facilities such as rural hospitals and small businesses cannot afford another costly, congressionally imposed mandate from Washington.

Democrats will argue they didn't intend for the bill to have such a large scope and to cost so much. What else didn't they intend to happen when they rushed through this process, forcing an overly prescriptive mandate on the public?

Madam Chair, Republicans are committed to ensuring that healthcare and social service workers are protected from workplace violence. There is bipartisan support for OSHA's current efforts to create a standard on workplace violence prevention. However, Congress should aid in the rulemaking process, not circumvent it, as H.R. 1309 does.

H.R. 1309 will likely have many unintended consequences which negatively impact healthcare and social services workplaces, in addition to imposing a costly mandate on healthcare providers. I urge my colleagues to join me in opposing this unnecessary legislation so we can get to work on a bipartisan solution.

Madam Chair, I reserve the balance of my time.

Mr. COURTNEY. Madam Chair, I yield myself such time as I may consume.

I would just note that this is a bipartisan effort. There are 227 cosponsors in the House, 8 Republicans. And again, we have had lots of engagement, accommodated a number of the issues that came up at the public hearing process.

Again, I would just note that I appreciate the fact that the ranking member spoke highly of OSHA's volunteer guidelines, which I have in my hand here. Those are actually incorporated into the bill language for the interim final standard. So we are working exactly with the guidelines that she endorsed.

Madam Chair, I yield 2 minutes to the gentleman from California (Mr. KHANNA), an early advocate of this measure.

Mr. KHANNA. Madam Chair, I thank the gentleman from Connecticut for his tireless, bipartisan leadership in shepherding this bill to this historic point. It was my honor to work on the healthcare worker portions of this bill, and I am proud that it will pass today.

Madam Chair, I rise today in support of the Workplace Violence Prevention for Health Care and Social Service Workers Act.

For far too long, the workers who serve on the front lines of our communities have had to work in dangerous conditions without adequate protection. Every day, our nurses and social service workers face high levels of dangers, levels that most of us would find unacceptable in our own occupation. Their courage to keep working, despite these risks of violence, exemplifies the selfless nature of healthcare.

□ 0930

This bill follows what California has done in creating a nationwide workplace violence prevention standard, so people no longer have to work in fear.

Since the implementation of California's own standard, healthcare workers have experienced marked improvements in workplace violence prevention measures. The California Nurses Association reports that hospitals in California are seeing increased security staffing, increased training, and comprehensive reporting. These common-sense protections did not exist prior to California's standard.

It is time to expand these protections to healthcare and social service workers nationwide. This affects real people. We have heard stories of people who have been injured, killed, whose families have been harmed because of this kind of violence.

Madam Chair, I include in the RECORD a letter from National Nurses United in support of this legislation. National Nurses United has boldly led on this issue for many years, including getting the standards across the finish line in California.

NATIONAL NURSES UNITED,  
Washington, DC, November 18, 2019.

DEAR REPRESENTATIVE: This week, the House of Representatives is scheduled to vote on H.R. 1309, the Workplace Violence Prevention for Health Care and Social Service Workers Act, sponsored by Congressman Joe Courtney. National Nurses United, representing more than 155,000 registered nurses (RNs) across the country, is firmly in support of this bill and strongly urges you to vote in favor of it.

Our members work at the bedside in every state in the nation, and we know that when nurses are unsafe, our patients are also at risk. Violence on the job has become endemic for RNs and other workers in healthcare and social assistance settings. Nurses report being punched, kicked, bitten, beaten, and threatened with violence as they provide care to others—and far too many have experienced stabbings and shootings. But there are practical steps that healthcare

and social service employers can take to fulfill their obligations to protect their employees from this serious occupational hazard. We know that violence can be prevented through the development and implementation of plans that are tailored to specific patient care units and facilities. These plans must assess and address the range of risks for violence—from the sufficiency of staffing and security systems to patient-specific risk factors.

H.R. 1309 mandates that the Occupational Safety and Health Administration promulgate a workplace violence prevention standard that would require healthcare and social service employers to develop and enforce plans to protect their employees from violence on the job. To ensure that workplace violence prevention plans are effective, workers (including nurses, other direct care employees, security personnel and ancillary staff) must be involved throughout all stages of plan development, implementation, and review, which go hand-in-hand with the standard's comprehensive training requirements. The enforceable occupational health and safety standard established in this legislation is necessary to create and maintain protections against workplace violence that our members, other workers in healthcare and social settings, and, importantly, our patients deserve.

This bi-partisan legislation is of high priority for RNs across the country, and we hope you will join with us in supporting it and voting yes on H.R. 1309 on the floor of the House of Representatives.

Sincerely,

BONNIE CASTILLO, RN,  
Executive Director.

ZENEI CORTEZ, RN,  
President.

DEBORAH BURGER, RN,  
President.

JEAN ROSS, RN,  
President.

Mr. KHANNA. I want to thank, again, the gentleman from Connecticut for his leadership.

Ms. FOXX of North Carolina. Madam Chair, I yield 3 minutes to the gentleman from Georgia (Mr. ALLEN).

Mr. ALLEN. Madam Chair, those who work in hospitals and in social services are remarkable. They provide Americans with compassion and care in some of life's most difficult situations. But every day these workers face real risk of workplace violence.

The Bureau of Labor Statistics reports healthcare and social service workplaces have higher rates of workplace violence. No American should feel threatened while on the job. That is why the Occupational Safety and Health Administration, or OSHA, has recently taken steps to work with stakeholders and industry partners to analyze the issue on how to best protect these workers.

H.R. 1309 threatens this collaborative work and denies OSHA the ability to respond to feedback from the public and stakeholders.

As a small business owner, I know that top-down mandates simply do not work. The bottom-up approach is the tried-and-true method. Gather input from all impacted before creating a new policy.

This bill also lacks the research needed to identify and prevent workplace violence in these settings. In 2016,

the Government Accountability Office said there haven't been enough studies done on the effectiveness of workplace violence prevention programs and that OSHA needed to review it further. Why do some of my colleagues think they know better than the industry, worker representatives, the scientific community, and the public?

Let's also not forget that rushed mandates like this one come at a cost. The Congressional Budget Office estimates the cost to private entities will be at least \$1.8 billion in the first 2 years that the rushed OSHA rule is in effect and \$750 million annually after that. It is also estimated to cost public facilities at least \$100 million in the first 2 years and \$55 million annually after that.

When I am back home in my district and talk to healthcare providers, the last thing they want is another costly government mandate from Washington. So let's not put the cart before the horse here.

Workplace violence is a serious issue, and it needs a serious solution. We should not pass this bill until we have a thoroughly vetted and researched fix. So let OSHA do their job to develop an effective solution by working with the very people that we are trying to help.

I urge my colleagues to oppose this bill.

Mr. COURTNEY. Madam Chair, again very quickly, the mandate costs that CBO scored, the \$1.7 billion, that is spread out over 200,000 facilities, if you read their note closely. If you do the math, we are talking about a \$9,000 cost per year for facilities. That, in my opinion, in terms of protecting their workforce, is not a high price to pay to make sure that the people who work there are safe.

Madam Chair, I yield 2 minutes to the gentlewoman from North Carolina (Ms. ADAMS), the chair of the Subcommittee on Workforce Protections, and I want to thank her for moving this bill this calendar year.

Ms. ADAMS. Madam Chair, I thank the gentleman from Connecticut for yielding. I rise today to join my colleagues in strong support of H.R. 1309, the Workplace Violence Prevention for Health Care and Social Service Workers Act.

Workplace violence impacts over 15 million healthcare workers in this country. These workers offer critical assistance to some of the most vulnerable members of our society. They work in our hospitals, our nursing homes, our hospices, and they do this, despite the fact that they are nearly five times as likely to suffer serious workplace violence injury than workers in other sectors.

And those statistics account just for physical injuries. So when the body recovers from workplace assaults, these professionals are often plagued with career-ending post-traumatic stress disorders for the rest of their lives.

So I am glad that the House is considering the gentleman from Connecticut's bill today to finally compel OSHA

to create a standard to protect these workers in their places of work.

Madam Chair, it can take up to 20 years for OSHA to issue standards, as in the case of its silica and beryllium standards. Our Nation's healthcare and social service workers cannot afford to wait that long while they serve under the constant threat of violence.

H.R. 1309 takes a different approach. It would require OSHA to issue an interim standard requiring employers to develop and implement a workplace violence prevention plan within 1 year and a final standard within 42 months. Contrary to the claims of my friends on the other side of the aisle, this is not a radical requirement.

OSHA has already held extensive public comment on this topic since 1996, and H.R. 1309 would allow OSHA to conduct a full public comment and hearing process before a final standard is issued. Our healthcare and social service workers cannot wait, and neither can we.

Madam Chair, I include in the RECORD a support letter from organizations representing our Nation's healthcare and social service workers, as well as a support letter from AFL-CIO.

NOVEMBER 20, 2019.

HOUSE OF REPRESENTATIVES,  
Washington, DC.

DEAR REPRESENTATIVE: On behalf of the undersigned organizations representing nurses, social workers, psychiatric, home health and personal care aides, as well as other workers in the healthcare and social service industries, we urge you to vote yes on H.R. 1309, the Workplace Violence Prevention for Health Care and Social Service Workers Act. When healthcare and social service professionals show up to work, they shouldn't have to worry about whether they are going to be injured in an assault. The many professionals who face risk of assault every day include not only those working in hospitals, clinics and mental health facilities, but also those providing services in patients' homes, and outside the four walls of an office.

Healthcare and social service workers are nearly five times more likely to be assaulted than other workers, and the violence is growing. Between 2007 and 2017, the rate of violent injuries grew by 123 percent in hospitals, 201 percent in psychiatric hospitals and substance use treatment facilities, and 28 percent in social service settings. The costs of this violence are high: in injury rates, in professionals being driven from doing the work they love, and in workers' compensation claims and staff shortages.

Currently, there is no federally enforceable violence prevention standard specifically covering healthcare and social services, and federal guidelines do not cover those working in public facilities. H.R. 1309 would require hospitals, residential treatment facilities, clinics at correctional or detention facilities, substance use disorder treatment centers, and other service facilities to develop and implement comprehensive violence prevention plans and provide whistleblower protections for workers. We hear from members about violence all the time: a nurse choked to the point of unconsciousness; a case manager who has suffered bone fractures and debilitating brain injuries from being thrown against walls and floors; social workers brutally attacked, and even killed, when conducting visits to client homes.

No one should face violence, intimidation, or fear for their safety while working to help others and save lives. Violence is not just "part of the job," and studies show that prevention plans work. Many violent incidents can be predicted and minimized with the right staffing, policies and protocols; and this legislation builds upon well-established guidelines from the Department of Labor.

This bill is essential to making healthcare and social service settings safer for workers, but also safer healing environments for patients. When a patient harms a social worker or other clinician, it is traumatizing not only for the clinician but also for the patient; and it sets treatment back for months, if not years. Patients witnessing violence also are traumatized.

We urge you to support the nurses, social workers and other healthcare and social service professionals in your district by voting for H.R. 1309, the Workplace Violence Prevention for Health Care and Social Service Workers Act.

Alliance for Retired Americans, American Art Therapy Association, American Association for Psychoanalysis in Clinical Social Work, American Counseling Association, American Federation of State, County and Municipal Employees (AFSCME), American Federation of Teachers, American Public Health Association, Coalition of Labor Union Women (CLUW) of Southwestern PA, Communications Workers of America (CWA), Emergency Nurses Association, International Association of Machinists and Aerospace Workers, Midstate Education & Service Foundation, National Association of County Behavioral Health & Developmental Disability Directors (NACBHDD), National Association of Rural Mental Health (NARMH), National Association of Social Workers, National COSH, National Nurses United, National Rural Social Work Caucus, People's Action, Philadelphia Area Project on Occupational Safety and Health (PhilaPOSH), Rhode Island Committee on Occupational Safety and Health (RICOSH), School Social Work Association of America, Service Employees International Union (SEIU), Smart Transportation, United Food and Commercial Workers International Union, United Steelworkers, Worksafe.

AFL-CIO,  
March 28, 2019.

HOUSE OF REPRESENTATIVES,  
Washington, DC.

DEAR REPRESENTATIVE: I am writing on behalf of the AFL-CIO to urge you to co-sponsor the Workplace Violence Prevention for Health Care and Social Services Workers Act (H.R. 1309). This bill, sponsored by Rep. Joe Courtney (D-Conn.) would direct the Occupational Safety and Health Administration to issue a federal workplace violence prevention standard to protect workers in health care and social services from injury and death.

Workplace violence is a serious and growing safety and health problem that has reached epidemic levels. Workplace violence is now the third leading cause of job deaths, and results in more than 28,000 serious lost-time injuries each year. Nurses, medical assistants, emergency responders and social workers face some of the greatest threats, suffering more than 70% of all workplace assaults. Women workers particularly are at risk, suffering two out of every three serious workplace violence injuries.

H.R. 1309 would help protect these workers by requiring employers in the health care and social service sectors to develop and implement a workplace violence prevention plan, tailored to specific workplace and employee populations. As part of the plan, employers would be required to identify and

correct hazards, develop systems for reporting threats of violence and injuries, provide training for workers and management and protect workers from retaliation for reporting workplace violence incidents. The bill ensures that frontline workers have input, helping employers identify common sense measures like alarm devices, lighting, security, and surveillance and monitoring systems to reduce the risk of violent assaults and injuries.

The bill's requirements for the workplace violence prevention plan are based upon existing guidelines and recommendations from OSHA, NIOSH and professional associations. Scientific studies have documented that the implementation of such prevention plans significantly reduces the incidence of workplace violence. Similar measures have been adopted in a number of states and implemented by some employers. However, currently there is no federal OSHA workplace standard, and OSHA has been slow to take action. The majority of healthcare and social service workers lack effective protection and remain at serious risk.

We urge you to support and co-sponsor H.R. 1309 to help protect health care and social service workers from the growing threat of workplace violence and unnecessary injury and death.

Sincerely,

WILLIAM SAMUEL,  
Director, Government Affairs.

Ms. ADAMS. I ask the House to pass without delay the gentleman from Connecticut's legislation.

Ms. FOXX of North Carolina. Madam Chair, let me be clear, the safety of our Nation's healthcare and social service workers is not a partisan issue. Regardless of political beliefs, all of us in this Chamber can appreciate the hard work and empathy that healthcare workers and community caregivers demonstrate every single day on the job.

Their dedication to caring for the most vulnerable members of our communities is extraordinary, and these workers deserve our gratitude, our respect, and our commitment to ensuring they are safe on the job.

The nature of the work in these industries requires healthcare and social services workers to interact directly with individuals who are experiencing tremendous stress, trauma, and grief, which can cause situations to devolve and put workers' safety at risk.

American workers should be kept out of harm's way on the job, so they can return home to their families every day healthy and safe. These caregivers deserve protections, but H.R. 1309 is not the right way to address this important issue. Our healthcare workers and caregivers deserve a thoroughly vetted and researched solution that protects them in the workplace. I think we can do better by working together.

Madam Chair, I reserve the balance of my time.

Mr. COURTNEY. Madam Chair, I yield 3 minutes to the gentleman from Virginia (Mr. SCOTT), the chairman of the Committee on Education and Labor.

Mr. SCOTT of Virginia. Madam Chair, I want to thank the gentleman from Connecticut for yielding and for



his untiring leadership on workplace safety issues.

I rise in support of H.R. 1309, the Workplace Violence Prevention for Healthcare and Social Service Workers Act.

Healthcare facilities are where we should be going to get well, but too often, hardworking, highly skilled employees of these facilities are regularly beaten, kicked, punched, and sometimes killed while performing their jobs. Healthcare and social service workers are four times as likely to suffer serious workplace violence injuries compared to workers in other sectors. Many can never return to work after the assault.

The Government Accountability Office has found the dangers to such workers has gotten worse over the past decade. From 2008 to 2017, workplace violence incidence rates have more than doubled at private hospitals and home healthcare services with the highest rates of violence found in psychiatric and substance abuse hospitals.

Most acts of workplace violence in healthcare facilities are foreseeable, and they are preventable by implementing workplace violence prevention plans. Although OSHA and the Joint Commission for hospital accreditations have issued authoritative guidance, voluntary efforts alone are not enough to ensure the safety of these workers.

Currently, OSHA has no standard for requiring healthcare and social service employers to implement workplace violence prevention programs, and it takes the agency from 7 to 20 years to issue a new standard. The new beryllium standard, for example, which has just been finalized, has been under consideration for about 17 years. And that timeframe is not unusual.

Instead of waiting for years or even decades for OSHA to act, H.R. 1309 would first direct OSHA to issue an interim standard within 1 year and a final standard within 42 months, requiring healthcare and social service employers to implement a workplace violence prevention plan. And further, it protects workers from retaliation for reporting assaults to their employers or government authorities.

Furthermore, since public employees in 24 states lack any OSHA protections, this legislation requires public hospitals and skilled nursing facilities receiving Medicare funds to comply with the workplace violence standards in this bill.

Healthcare and social service workers play a critical role in healthcare for our families and our communities. At the very least, we must do whatever we can to ensure that these workers will come home uninjured at the end of the workday.

Madam Chair, I thank Chairman PALLONE for his cooperation in moving this bill to the floor. I also want to thank Mr. COURTNEY and Representative ALMA ADAMS, chair of the Subcommittee on Workforce Protections, for their leadership in advancing this legislation.

I urge my colleagues to support H.R. 1309.

Ms. FOXX of North Carolina. Madam Chair, I yield myself such time as I may consume.

Madam Chair, yesterday the Department of Labor issued its fall 2019 regulatory agenda. The department announced plans to initiate a Small Business Regulatory Enforcement Fairness Act panel for the prevention of workplace violence in healthcare and social assistance in January. This is a very positive and important development.

Unfortunately, H.R. 1309 encourages and allows OSHA to skip this important step of gathering feedback and advice from small businesses, all to satisfy the arbitrary 1-year deadline for issuing an interim final standard. Shortchanging the views of small businesses at the expense of a rushed, sweeping, and overly proscriptive standard is not an appropriate trade-off.

Additionally, the legislative text and scope of H.R. 1309 are so proscriptive that OSHA wouldn't be able to deviate from the mandates in the bill even if the recommendation from the small business panel are contrary to that of H.R. 1309.

The Trump administration is moving forward with the rule-making process. Rather than pass H.R. 1309, we should be allowing OSHA to do its work on a comprehensive standard, including soliciting necessary input from small businesses.

Madam Chair, I reserve the balance of my time.

Mr. COURTNEY. Madam Chair, just really quickly, it is true, yesterday that notice went out scheduling that panel. I would just note, that is the third time the department has sent out such a notice, and they have canceled the prior panels. We will see whether or not it actually happens in January.

We are in the third year of this administration, after a GAO report, again after statistics and hearings, where we have asked questions of the department to move on this, and frankly, we are talking about adopting OSHA's own guidelines in the interim standards.

This is not some farfetched, radical proposal. It is their own recommendations about how you can safely and effectively reduce workplace violence.

Madam Chair, I yield 2 minutes to the gentlewoman from Oregon (Ms. BONAMICI), a great member of the Education and Labor Committee.

Ms. BONAMICI. Madam Chair, I rise in strong support of H.R. 1309, the Workplace Violence Prevention for Healthcare and Social Service Workers Act.

A few years ago, two workers in Oregon were tragically wounded in a workplace stabbing at an organization that provides essential support services to youth who are facing addiction, homelessness, and behavioral health issues.

□ 0945

Following the incident, Oregon AFSCME members organized to improve difficult working conditions that were compromising the quality of services for vulnerable clients as well as the safety of employees.

Unfortunately, the experience of these workers is too common. According to a November 2018 report from the U.S. Bureau of Labor Statistics, healthcare and social service workers face a disproportionate risk of on-the-job violence and injuries.

The workers in Oregon, and healthcare and social service workers across the country, need evidence-based workplace violence prevention plans tailored to the needs of the populations they serve. That is why I am proud to be an original cosponsor of H.R. 1309, introduced by my colleague, Congressman COURTNEY.

Healthcare and social service workers help to care for our families, friends, and loved ones. Today, we have the chance to support their well-being in the workplace.

Madam Chair, I include in the RECORD a letter in support of the Workplace Violence Prevention for Health Care and Social Service Workers Act from the National Association of Social Workers.

Good morning: We are writing today to encourage your boss to vote to approve H.R. 1309, the Workplace Violence Prevention for Health Care and Social Service Workers Act, which is scheduled to come to the House floor for a vote next week. This bipartisan legislation is instrumental in promoting safer working conditions for millions of social workers, nurses and other similar professionals who experience unacceptably high levels of violence on the job.

The National Association of Social Workers represents the interests of over 750,000 social workers nationwide who are employed in wide variety of settings, including hospitals, community clinics, schools and correctional facilities among others. Many social workers provide services outside the four walls of an office, such as in family homes.

As you may know, healthcare and social service workers are nearly five times more likely to be assaulted at work than other professionals, and the rate of violence is growing. Between 2007 and 2017, the rate of violent injuries grew by 123% in hospitals, 201% in psychiatric hospitals and substance use treatment facilities, and 28% in social service settings. The costs of this violence are high: in injury rates, in professionals being driven from doing the work they love, in workers' compensation claims and staff shortages. Workplace violence is also highly problematic for patients. Safe environments are healing environments.

Currently, there is no federal enforceable violence prevention standard covering healthcare and social services and federal guidelines do not cover those working in public facilities. H.R. 1309 would require hospitals, residential treatment facilities, substance use disorder treatment centers, clinics at correctional or detention facilities, and other service facilities to develop and implement comprehensive violence prevention plans and provide whistle-blower protections for workers. These commonsense plans can be customized to reflect the unique safety needs and concerns of each setting.

When the Workplace Violence Prevention for Health Care and Social Service Workers

Act comes before your boss for consideration, we urge your boss to support its passage.

Thank you for your consideration and please let me know if you have any questions.

Sincerely,

DINA L. KASTNER, MSS, MLSP,  
Senior Field Organizer,  
National Association of Social Workers.

Ms. BONAMICI. Madam Chair, I urge my colleagues to support this legislation.

Ms. FOXX of North Carolina. Madam Chair, I reserve the balance of my time.

Mr. COURTNEY. Madam Chair, I yield 3 minutes to the gentlewoman from Iowa (Ms. FINKENAUER), one of our great new freshmen.

Ms. FINKENAUER. Madam Chair, I rise today in support of H.R. 1309, the Workplace Violence Prevention for Health Care and Social Service Workers Act.

I also rise today to share Tina Suckow's story with the House of Representatives.

Tina is my constituent, and she is a proud Iowan, wife, mother, grandmother, and AFSCME member. She is also a dedicated nurse who spent 15 years caring for those living with mental health conditions.

Tragically, this tough and thick-skinned woman, with a great sense of humor and a natural gift for helping people, can now no longer physically work.

More than a year ago, Tina was horribly injured at the State of Iowa's Independence Mental Health Institute in my district.

An aggressive patient triggered a call for additional assistance. Although Tina was working in a different section of the campus at the time, she made her way over to help, with about a dozen other coworkers.

For roughly 45 minutes, the patient was erratic and repeatedly threatened to hurt the first person who tried to get close to him. When nothing worked to calm him, a supervisor grabbed a padded shield, but nobody knew that the facility even had this equipment, and they weren't trained to use it.

As her coworker approached with the shield, Tina became trapped between it and the patient. He hit Tina in the head so many times that she lost consciousness.

After dedicating her career and her life to caring for others, Tina was now the one in need. Since then, she has been in and out of surgeries, and the emotional damage remains. That day was the worst day of Tina's life.

Sadly, the State has made it worse by denying her unpaid time off requests and kicking her off the payroll.

Tina wants her story shared today so that employees like her are protected.

I am personally upset that it is hard to do in States like Iowa. You see, in 2017, I was a State representative in Iowa who spent 2 days fighting back against the gutting of collective bargaining in my State, where they went

after our teachers, our corrections officers, our bus drivers, and folks like Tina. I stood on that floor and voted "no."

Unfortunately, we didn't have the votes. That bill passed, and they gutted the rights of folks like Tina all across my State. Iowa's working families are continuing to pay the price for those politically motivated attacks.

Nearly 1,000 jobs in our State have been eliminated since 2011. These staffing shortages, because of this and the failure to train employees on vital safety measures, have put lives like Tina's on the line.

In that same facility, several other employees have been attacked in the last year.

The CHAIR. The time of the gentlewoman has expired.

Mr. COURTNEY. Madam Chair, I yield an additional 1 minute to the gentlewoman from Iowa.

Ms. FINKENAUER. Madam Chair, in other facilities across the State, they have been attacked in the last year. It is unconscionable. This isn't how you treat people.

The law also created a system that was rigged against working people, forcing employees to go through costly recertification processes and trying to stop them from being able to collectively bargain and being able to fight for their rights.

Luckily for us in Iowa, our public employees are strong. They banded together and were recertified, and I am proud to represent them.

Today, I will be casting this vote for Tina Suckow, who I know is watching at home today.

This bill will require places like the State of Iowa to stop failing their employees, by requiring workplace protections. It is a first step in protecting Iowans on the front lines.

I am standing with our hardworking men and women today who ask for a safe workplace, and now I am standing with them on the floor of the U.S. House, proudly voting "yes" for them and folks all across my State.

Madam Chair, I include in the RECORD a letter from AFSCME in support of H.R. 1309.

AMERICAN FEDERATION OF STATE,  
COUNTY AND MUNICIPAL EMPLOYEES, AFL-CIO,

Washington, DC, November 19, 2019.

HOUSE OF REPRESENTATIVES,  
Washington, DC.

DEAR REPRESENTATIVE: On behalf of the members of the American Federation of State, County and Municipal Employees (AFSCME), I urge you to support the "Workplace Violence Prevention for Health Care and Social Service Workers Act" (H.R. 1309), which protects workers and their right to be safe from violence at their workplace. H.R. 1309 requires the Occupational Safety and Health Administration (OSHA) to issue a standard on workplace violence prevention in health care and social service assistance settings.

Enactment of H.R. 1309 is needed because: The current OSHA guidance is voluntary. It does not require employers to address the high risk of violence on the job for health

care workers and social service workers. Some 70 percent of all nonfatal workplace assaults typically occur in these two sectors and has increased over the years.

It challenges the myth that workplace violence is random, unpreventable and just part of the job. There is a degree of uncertainty, but workplace violence has clear patterns and detectable risk factors in health care and social service settings. Actions can be taken to reduce the risk of workplace violence.

The cost of inaction is high. It is calculated in the pain, loss, suffering and the disruption to lives, workplaces and communities caused by these incidents to workers and their families.

We ask that you send a clear message that Congress will not ignore the harm and suffering caused to health care, behavioral health and social service workers by workplace violence. Please vote in support of H.R. 1309.

Sincerely,

SCOTT FREY,

Director of Federal Government Affairs.

Ms. FOXX of North Carolina. Madam Chair, I reserve the balance of my time.

Mr. COURTNEY. Madam Chair, I yield 2 minutes to the gentlewoman from Illinois (Ms. SCHAKOWSKY).

Ms. SCHAKOWSKY. Madam Chair, I thank Mr. COURTNEY for yielding, and I proudly rise today in support of his legislation.

The frequency and scale of workplace violence are alarmingly high, but no statistic, even the startling ones that we have learned about, can fully reflect the pain, loss, and suffering that these incidents can cause.

As we consider the bill before us today, I ask that you remember and honor Pamela Knight.

Pamela was an AFSCME Council 31, Local 448 member. She worked for the Illinois Department of Children and Family Services as a child protection specialist.

She had been sent to take a 2-year-old child into protective custody from an abusive father. As she got out of her car, Pamela was attacked by the boy's father. Brutally beaten, Ms. Knight suffered blunt force trauma to her head.

After 11 years on the job, she succumbed to her injuries, paying the ultimate price for protecting children from abuse and neglect.

Pamela and her fellow DCFS employees are the front line of defense in protecting children in Illinois and around the country. In this vital work, they can encounter families in crisis stemming from poverty, substance abuse, mental illness, and domestic violence.

For two decades, OSHA has worked with employers on voluntary guidelines to address workplace violence, yet the rate of violence has gone up.

Enough is enough. Today, we can do the right thing by Pamela Knight and the unsung heroes in healthcare and social services by passing this important, critical, and necessary piece of legislation.

Ms. FOXX of North Carolina. Madam Chair, I continue to reserve the balance of my time.

Mr. COURTNEY. Madam Chair, I yield 3 minutes to the gentlewoman



from Florida (Ms. WILSON), the chair of the Subcommittee on Health, Employment, Labor, and Pensions.

Ms. WILSON of Florida. Madam Chair, I am pleased to speak in support of this important and necessary piece of legislation.

Through my work as chairwoman of the Subcommittee on Health, Employment, Labor, and Pensions, and as former ranking member of the Subcommittee on Workforce Protections, I have worked extensively on protecting America's workers from unsafe conditions in the workplace.

This legislation is an important step toward protecting our healthcare and social service workers from workplace violence. Unfortunately, it also is a very necessary step.

We know that healthcare and social service workers experience the highest rate of serious injury due to workplace violence. They, literally, are jumped on and beaten up by their patients at work, thrown against walls and floors, suffering bone fractures and brain injuries.

These workers have a lost time injury rate of 14.8 per 10,000 workers, compared to 3.1 for all other workers, according to the Bureau of Labor Statistics.

Currently, Federal efforts to protect workers from workplace violence depends solely on the use of OSHA's general duty clause. That part of the Occupational Safety and Health Act requires employers to provide a workplace free from recognized hazards. However, it is legally cumbersome to apply and is mostly applied after an injury occurs. What is needed are standards to prevent injuries in advance, not after-the-fact enforcement.

While OSHA has adopted guidelines for preventing violence against healthcare and social service workers, these are only temporary and voluntary. This legislation will codify these guidelines and provide OSHA with the necessary authority to require healthcare facilities and social service providers to develop and implement a workplace violence prevention plan.

Madam Chair, while these changes are important to the entire Nation, they are even more important to my district in Florida. Given the large population of senior citizens, the need for healthcare and social service workers is great.

Performing these jobs can be both physically and emotionally draining, even without the threat of being attacked. The added danger of physical violence may lead many potential healthcare and social service workers to seek employment elsewhere, to leave the field altogether, or quit.

Violence in the workplace has a cascading effect on everyone involved, from the workers who bear the brunt of the violent attacks, to the families they serve, to the patients who witness the violence, some in a very fragile state.

What we do know from evidence and research is that healthcare facilities

that have violence prevention plans have cut the rate of injuries and related workers' compensation costs.

The Acting CHAIR (Mr. HASTINGS). The time of the gentlewoman has expired.

Mr. COURTNEY. Mr. Chair, I yield an additional 30 seconds to the gentlewoman from Florida.

Ms. WILSON of Florida. Mr. Chair, for these reasons, I urge every Member to vote "yes" on H.R. 1309, the Workplace Violence Prevention for Health Care and Social Service Workers Act.

Mr. Chair, I include in the RECORD a letter in support of this legislation from the American Federation of Teachers.

*Washington, DC, November 19, 2019.*  
HOUSE OF REPRESENTATIVES,  
*Washington, DC.*

DEAR REPRESENTATIVE: On behalf of the 1.7 million members of the American Federation of Teachers, including 170,000 healthcare workers, I strongly urge you to vote YES on H.R. 1309, the Workplace Violence Prevention for Health Care and Social Service Workers Act. I also want to thank Rep. JOE COURTNEY (D-Conn.) for his leadership on this bill and for his steadfast commitment to protecting all healthcare workers.

When healthcare professionals show up to work, they shouldn't have to worry about whether they are going to be injured in an assault. Sadly, healthcare and social service workers are nearly five times more likely to be assaulted while on the job than the rest of our workforce. The costs of this violence are high: in injury rates, in professionals being driven from doing the work they love, and in workers' compensation claims and staff shortages.

H.R. 1309 would require hospitals and other facilities to develop and implement comprehensive violence prevention plans and provide whistleblower protections for nurses and other workers facing violence. Current federal workplace protections do not focus on healthcare and social service workers and don't cover those working in public facilities. This bill is a chance to make healthcare settings safer environments for staff and patients alike. As one of the largest healthcare unions in the country, the AFT has been striving to address workplace violence for years; this is our members' top healthcare priority.

I hear from AFT healthcare members about violence all the time: A nurse was choked to the point of unconsciousness last year; a nurse was stabbed in 2017; members have suffered bone fractures and brain injuries from being thrown against walls and floors. The House Education and Labor Committee held a hearing on the topic of workplace violence earlier this year. In her testimony, the AFT witness described being attacked:

He then spun around on his back and kicked his leg high into the air striking me in the neck, hitting with such force to my throat that my head snapped backward; I heard this "bang" and "pop," and all the air just rushed out of me. . . . Since June 2015, I have been diagnosed with moderate to severe post-traumatic stress disorder, moderate anxiety, insomnia, depressive disorder and social phobia related to this incident. . . . I LOVED being a nurse. I have a huge problem still calling myself a nurse. I do not know what to call myself now. There is a deep loss when you used to make a difference in the lives of people, in your true calling and with passion. Now, that space is filled with extreme sadness and fear. . . . I lost my career.

No one should face violence or intimidation, or fear for their safety, while working to heal others and save lives. Violence is not just "part of the job," and studies show that prevention plans work. Many violent incidents can be predicted and minimized with the right staffing, policies and protocols, and this legislation builds upon well-established guidelines from the Department of Labor.

I strongly urge you to support the nurses, social workers and other healthcare professionals in your district by voting YES on H.R. 1309.

Sincerely,

RANDI WEINGARTEN,  
*President.*

Ms. FOXX of North Carolina. Mr. Chairman, I reserve the balance of my time.

Mr. COURTNEY. Mr. Chair, I yield 2 minutes to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE. Mr. Chair, I thank the gentleman from Connecticut (Mr. COURTNEY) for yielding, and I thank him for his leadership.

I rise as a cosponsor of the Workplace Violence Prevention for Health Care and Social Service Workers Act.

Mr. Chair, I thank the chairman of the full committee, Mr. SCOTT, and chairwoman of the subcommittee, Ms. ADAMS. I thank the complete committee for bringing this important legislation to the floor.

As I have listened to testimony over the last couple of days, I began to frame a concept that we must do the right thing.

As I have interacted with my constituents, as I understand the work of healthcare workers and social service workers, they take care of the broken of our society, some who may be ill, some who may have necessities of life that have not been fulfilled.

□ 1000

These individuals are under enormous pressure, yet our workers in the workplace caring for these people have the largest heart. They train to be sympathetic and empathetic.

I am reminded of a situation in my local hospital where an individual broke loose because that person was suffering from a mental challenge, illness, health need, mixed in with a population that was there for other reasons. That person was in the mix of healthcare workers trying to care for others, but trying to be kind, sympathetic, and caring, but that person was in a state of crisis that was threatening to the patients and threatening to the workers.

This is a crucial act. We are at a crisis moment. It is important to recognize that these incidents, as have been evidenced on the floor of the House, happen every day, even as we speak. Those individuals with that person were not able to bring him to a resolve, and law enforcement had to be engaged.

Those are situations that make it difficult. We need this interim response, and we need it quickly. 200,000 facilities will be covered, and, as was evidenced on the floor by Mr. COURTNEY, at \$9,000 per facility. That is a

worthwhile investment to stop someone who is injured from having a lifelong series of injuries.

The Acting CHAIR. The time of the gentlewoman has expired.

Mr. COURTNEY. Mr. Chairman, I yield an additional 30 seconds to the gentlewoman from Texas.

Ms. JACKSON LEE. Coming from the Texas Medical Center in my community and many other hospitals and seeing the proliferation of health clinics, federally qualified health clinics, and social service agencies all attempting to do the right thing—and the patients who are there deserve to have the best care possible, but they are, in many instances, ill; they are, in many instances, broken. In order to have the staff continue to serve them, let's protect those workers. Let's stand alongside those workers.

Mr. Chairman, I ask my colleagues to enthusiastically support this legislation and let us begin to stand alongside those who work with those who are most in need.

Ms. FOXX of North Carolina. Mr. Chairman, I continue to reserve the balance of my time.

Mr. COURTNEY. Mr. Chairman, I have exhausted all speakers, and I am prepared to close on my side.

Mr. Chairman, I reserve the balance of my time.

Ms. FOXX of North Carolina. Mr. Chairman, I am prepared to close and yield myself such time as I may consume.

Mr. Chairman, as we debate the impact of H.R. 1309 on healthcare providers, I note that this bill is in violation of the House's pay-as-you-go, or paygo, rule.

The paygo rule requires that legislation affecting direct spending not increase the deficit. Any legislation projected to increase direct spending must be offset by equivalent amounts of direct spending cuts, revenue increases, or a combination of both.

According to the nonpartisan Congressional Budget Office, H.R. 1309 will increase the deficit by \$60 million between 2020 and 2029. In addition, CBO estimates the cost of H.R. 1309 to private entities will be at least \$1.8 billion in the first 2 years and at least \$750 million annually thereafter.

Democrats wrote this particular paygo rule months ago, and they are already abandoning it. It is not hard to find \$60 million in savings for the taxpayers, and the Democrats' failure to do so speaks volumes about their regard for fiscal discipline. This significant violation of the budget rules is yet another reason to oppose this bill.

Madam Chair, protecting the safety of healthcare and social service workers is not a partisan issue. I reiterate that statement. All of us here today, regardless of our political beliefs, appreciate the hard work and empathy that healthcare workers and community caregivers demonstrate every single day on the job.

There is much agreement on both sides of the aisle that these workers de-

serve protections in the workplace. Given this bipartisan interest, it is frustrating that the Democrats have moved forward with the rushed and ill-conceived legislation we are debating today.

H.R. 1309 ignores expert and practical input; imposes mandates that may ultimately harm the very people this legislation intends to protect; forecloses better, more protective and feasible solutions that would result from the established rulemaking process; fails to allow meaningful public input; and imposes costly requirements on regulated entities.

Our healthcare workers and caregivers deserve a thoroughly vetted and researched solution that protects them in the workplace, but H.R. 1309 badly fails to deliver on that front.

Madam Chair, I strongly urge a "no" vote, and I yield back the balance of my time.

Mr. COURTNEY. Madam Chair, I yield myself such time as I may consume.

Madam Chair, regarding the paygo issue, just to be clear, paygo applies to the budget impact. And the gentlewoman is absolutely correct; CBO calculated a \$60 million deficit impact over 10 years in the Medicare program. Again, we spend over \$700 billion a year in Medicare, and, by all projections, that is going to go up.

By the way, \$60 million is for rural hospitals. If you read the CBO note, that is really the retroactive impact that has caused that, really, budget dust in terms of the impact to the Medicare program.

Madam Chair, we have heard today about the urgency that this emergency requires. We understand the statistics. Workers are uniquely vulnerable in the healthcare setting to violence as they care for the most vulnerable among us.

We know how to help. We know that evidence-based practices will lower this trend line. And we know that when hospitals and other facilities adopt them, rates of violence against staff go down.

In closing, I would like to share a few words from a letter written to me by Gene Sausse from Louisiana about his sister, Lynne Truxillo, who was a nurse in Baton Rouge, Louisiana, until her death just this past April of this year in the hands of a patient while she worked.

Lynne saw the patient attacking one of her colleagues, and when she intervened, the patient turned on her, grabbed her by the back of the neck, slammed it into a desk, and she passed out and suffered additional injuries. A few days later, she died from her injuries.

Lynne's brother came to Washington, unannounced to my office, a few months ago to share his family's grief and explained why we cannot wait another 20 years for OSHA to act. This is what he said:

"It wasn't until days after my sister, Registered Nurse Lynne Sausse

Truxillo, was brutally attacked and murdered by a patient inside of Baton Rouge General Hospital during her shift 6 months ago did I learn that violent workplace incident rates are four times higher in healthcare than all other industries. . . . As a small business owner in New Orleans, I have firsthand experience with the complex and often burdensome nature of government regulation. I get that, and I support fewer regulations in certain circumstances. However, in the 6 months since Lynne's death, I've learned how gravely and disproportionately vulnerable healthcare workers are to acts of workplace violence against them. The data, stats, and facts are undeniable on the subject. There's practically a news story every day somewhere in America about it. It is unconscionable that less care is given for the health and well-being of those who care for us when we need it most. Thank you for trying to spare other families from the kind of grief and tragedy mine has endured every day since we lost our beautiful sister, mother, and daughter."

She should be home making Thanksgiving dinner for her children—mother of two. But because we don't have a national enforceable standard to reduce workplace violence in healthcare settings and social work, this gentleman—he is not a lobbyist; he is not a super-PAC; he is a brother—came to Washington at his own expense, like so many others, to talk about the fact that we have a crisis. It is our job to address that crisis, and that is what this bill does.

Madam Chair, I urge a "yes" vote on H.R. 1309, and I yield back the balance of my time.

Ms. JACKSON LEE. Madam Chair, I rise to speak in strong support of H.R. 1309, the Workplace Violence Prevention for Health Care and Social Service Workers Act."

This bill offers workplace violence protection to our nation's caregivers—including nurses, social workers, and many others who dedicate their lives to caring for those in need.

Last year, the Bureau of Labor Statistics (BLS) reported that health care and social service workers were nearly five times as likely to suffer a serious workplace violence injury than workers in other sectors.

Public employees, such as care givers in state and local government, health care and social service work, suffer particularly high rates of workplace violence.

In 2017, state government health care and social service workers were almost nine times more likely to be injured by an assault than private-sector health care workers.

Workplace violence often causes both physical and emotional harm.

Victims of these incidents often suffer career-ending post-traumatic stress disorders that take away their livelihoods and weaken an already stretched health care workforce.

In 2018, the Bureau of Labor Statistics reported that 707,400 Social Workers are employed in the United States.

Social worker employment is expected to grow 16 percent between 2016 and 2026; a much faster rate than the average career in the United States.

The ratio of social workers to populations varies widely in the United States, ranging from 80 per 100,000 people in Arkansas to 572 per 100,000 in Washington, D.C.

Northeast states tend to have high numbers of social workers per capita, and the southern states have fewer social workers per capita.

Social workers work in a variety of settings, including mental health clinics, schools, child welfare and human service agencies, hospitals, settlement houses, community development corporations, and private practices.

They generally work full time and may need to work evenings, weekends, and holidays.

There is currently no standard from OSHA, the federal agency created to protect workers' safety, that requires employers to implement violence prevention plans that would help reduce workplace violence injuries among health care and social service workers.

The lack of an enforceable standard means that OSHA has few meaningful tools to protect health care workers from the threat of workplace violence.

Unless Congress intervenes, it is highly unlikely there will be any action taken to protect health care workers in the next decade.

The Government Accountability Office estimated, conservatively, that it takes OSHA at least 7 years to issue a standard.

Two of the most significant OSHA standards issued in recent history—crystalline silica and beryllium, which cause irreversible lung disease—each took OSHA 20 years to finalize.

Despite OSHA promises and its obligation to defend workers' safety, the Trump Administration is erecting new barriers that will prevent OSHA from protecting caregivers from workplace violence.

This bill is needed more now due to a shift in the social work industry: today's social workers are becoming less focused on solving problems and more focused on primary prevention, providing interventions in advance to prevent problems from ever occurring in at-risk populations.

Social work is more than a job.

Social workers help millions of Americans live fuller, more productive and safer lives.

They often are the primary front line of assistance to 13.9 percent of Americans living below the poverty line.

Through mentorship, social workers have contributed to a 68 percent decline in the juvenile arrest rate between 1996 and 2015.

The incarceration rate in the United States is approximately 716 per 100,000, the highest in the world, which means that social workers are invaluable in helping the formerly incarcerated transition into community life.

Social workers provide substantial care and services to the mentally ill.

Reports state that 1 in 4 people in the world will be affected by mental or neurological disorders at some point in their lives.

Child Protective Services and its social workers check up on 3.2 million children each year.

Every year, more than 3.6 million referrals are made to child protection agencies. These referrals involve more than 6.6 million children.

Social Workers are the first line of prevention to prevent over 1.2 million students drop outs from high school each year (one every 26 seconds).

Both Child and Family Social Worker and Clinical Social Worker rank among the top 100 best jobs of 2019.

Professional social workers are the largest group of mental health services providers in the United States.

83 percent of all social workers are female. 86 percent of Master of Social Work graduates in 2015 were female.

47 percent of social workers work in the child, family, and school sector, 26 percent work in healthcare, 18 percent work in mental health and substance abuse, and 9 percent work in other sectors.

The primary employers of social workers are governments (41 percent), private nonprofit or charitable organizations (34 percent), and private-for-profit businesses (22 percent).

More than 40 percent of all disaster mental health volunteers trained by the American Red Cross are professional social workers.

The importance of social workers has been recognized by Jane Addams, a social worker, becoming one of the first women to receive a Nobel Peace Prize in 1931.

I ask my colleagues to join me in supporting H.R. 1309.

The CHAIR. All time for general debate has expired.

Pursuant to the rule, the bill shall be considered for amendment under the 5-minute rule.

In lieu of the amendment in the nature of a substitute recommended by the Committee on Education and Labor, printed in the bill, an amendment in the nature of a substitute consisting of the text of Rules Committee Print 116-37, modified by the amendment printed in part A of House Report 116-302, shall be considered as adopted.

The bill, as amended, shall be considered as the original bill for the purpose of further amendment under the 5-minute rule and shall be considered as read.

The text of the bill, as amended, is as follows:

H.R. 1309

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled.*

#### **SECTION 1. SHORT TITLE.**

*This Act may be cited as the "Workplace Violence Prevention for Health Care and Social Service Workers Act".*

#### **SEC. 2. TABLE OF CONTENTS.**

*The table of contents for this Act is as follows:*

*Sec. 1. Short title.*

*Sec. 2. Table of contents.*

#### **TITLE I—WORKPLACE VIOLENCE PREVENTION STANDARD**

*Sec. 101. Workplace violence prevention standard.*

*Sec. 102. Scope and application.*

*Sec. 103. Requirements for workplace violence prevention standard.*

*Sec. 104. Rules of construction.*

*Sec. 105. Other definitions.*

#### **TITLE II—AMENDMENTS TO THE SOCIAL SECURITY ACT**

*Sec. 201. Application of the workplace violence prevention standard to certain facilities receiving Medicare funds.*

#### **TITLE I—WORKPLACE VIOLENCE PREVENTION STANDARD**

##### **SEC. 101. WORKPLACE VIOLENCE PREVENTION STANDARD.**

*(a) INTERIM FINAL STANDARD.—*

*(1) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of Labor shall promulgate an interim final standard on workplace violence prevention—*

*(A) to require certain employers in the health care and social service sectors, and certain employers in sectors that conduct activities similar to the activities in the health care and social service sectors, to develop and implement a comprehensive workplace violence prevention plan to protect health care workers, social service workers, and other personnel from workplace violence; and*

*(B) that shall, at a minimum, be based on the Guidelines for Preventing Workplace Violence for Health care and Social Service Workers published by the Occupational Safety and Health Administration of the Department of Labor in 2015 and adhere to the requirements of this title.*

*(2) APPLICABILITY OF OTHER STATUTORY REQUIREMENTS.—The following shall not apply to the promulgation of the interim final standard under this subsection:*

*(A) The requirements applicable to occupational safety and health standards under section 6(b) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 655(b)).*

*(B) The requirements of chapters 5 and 6 of title 5, United States Code, and titles 2 and 42, United States Code.*

*(3) NOTICE AND COMMENT.—Notwithstanding paragraph (2)(B), the Secretary shall, prior to promulgating the interim final standard under this subsection, provide notice in the Federal Register of the interim final standard and a 30-day period for public comment.*

*(4) EFFECTIVE DATE OF INTERIM STANDARD.—The interim final standard shall—*

*(A) take effect on a date that is not later than 30 days after promulgation, except that such interim final standard may include a reasonable phase-in period for the implementation of required engineering controls that take effect after such date;*

*(B) be enforced in the same manner and to the same extent as any standard promulgated under section 6(b) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 655(b)); and*

*(C) be in effect until the final standard described in subsection (b) becomes effective and enforceable.*

*(5) FAILURE TO PROMULGATE.—If an interim final standard described in paragraph (1) is not promulgated not later than 1 year of the date of enactment of this Act, the provisions of this title shall be in effect and enforced in the same manner and to the same extent as any standard promulgated under section 6(b) of the Occupational Safety and Health Act (29 U.S.C. 655(b)) until such provisions are superseded in whole by an interim final standard promulgated by the Secretary that meets the requirements of paragraph (1).*

*(b) FINAL STANDARD.—*

*(1) PROPOSED STANDARD.—Not later than 2 years after the date of enactment of this Act, the Secretary of Labor shall, pursuant to section 6 of the Occupational Safety and Health Act (29 U.S.C. 655), promulgate a proposed standard on workplace violence prevention—*

*(A) for the purposes described in subsection (a)(1)(A); and*

*(B) that shall include, at a minimum, the elements contained in the interim final standard promulgated under subsection (a).*

*(2) FINAL STANDARD.—Not later than 42 months after the date of enactment of this Act, the Secretary shall promulgate a final standard on such proposed standard that shall—*

*(A) provide no less protection than any workplace violence standard adopted by a State plan that has been approved by the Secretary under section 18 of the Occupational Safety and Health Act of 1970 (29 U.S.C. 667); and*

*(B) be effective and enforceable in the same manner and to the same extent as any standard promulgated under section 6(b) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 655(b)).*

##### **SEC. 102. SCOPE AND APPLICATION.**

*In this title:*

(1) COVERED FACILITY.—

(A) IN GENERAL.—The term “covered facility” includes the following:

(i) Any hospital, including any specialty hospital, in-patient or outpatient setting, or clinic operating within a hospital license, or any setting that provides outpatient services.

(ii) Any residential treatment facility, including any nursing home, skilled nursing facility, hospice facility, and long-term care facility.

(iii) Any non-residential treatment or service setting.

(iv) Any medical treatment or social service setting or clinic at a correctional or detention facility.

(v) Any community care setting, including a community-based residential facility, group home, and mental health clinic.

(vi) Any psychiatric treatment facility.

(vii) Any drug abuse or substance use disorder treatment center.

(viii) Any independent freestanding emergency centers.

(ix) Any facility described in clauses (i) through (viii) operated by a Federal Government agency and required to comply with occupational safety and health standards pursuant to section 1960 of title 29, Code of Federal Regulations (as such section is in effect on the date of enactment of this Act).

(x) Any other facility the Secretary determines should be covered under the standards promulgated under section 101.

(B) EXCLUSION.—The term “covered facility” does not include an office of a physician, dentist, podiatrist, or any other health practitioner that is not physically located within a covered facility described in clauses (i) through (x) of subparagraph (A).

(2) COVERED SERVICES.—

(A) IN GENERAL.—The term “covered service” includes the following services and operations:

(i) Any services and operations provided in any field work setting, including home health care, home-based hospice, and home-based social work.

(ii) Any emergency services and transport, including such services provided by firefighters and emergency responders.

(iii) Any services described in clauses (i) and (ii) performed by a Federal Government agency and required to comply with occupational safety and health standards pursuant to section 1960 of title 29, Code of Federal Regulations (as such section is in effect on the date of enactment of this Act).

(iv) Any other services and operations the Secretary determines should be covered under the standards promulgated under section 101.

(B) EXCLUSION.—The term “covered service” does not include child day care services.

(3) COVERED EMPLOYER.—

(A) IN GENERAL.—The term “covered employer” includes a person (including a contractor, subcontractor, a temporary service firm, or an employee leasing entity) that employs an individual to work at a covered facility or to perform covered services.

(B) EXCLUSION.—The term “covered employer” does not include an individual who privately employs, in the individual’s residence, a person to perform covered services for the individual or a family member of the individual.

(4) COVERED EMPLOYEE.—The term “covered employee” includes an individual employed by a covered employer to work at a covered facility or to perform covered services.

### SEC. 103. REQUIREMENTS FOR WORKPLACE VIOLENCE PREVENTION STANDARD.

Each standard described in section 101 shall include, at a minimum, the following requirements:

(1) WORKPLACE VIOLENCE PREVENTION PLAN.—Not later than 6 months after the date of promulgation of the interim final standard under section 101(a), a covered employer shall develop, implement, and maintain an effective written workplace violence prevention plan for covered

employees at each covered facility and for covered employees performing a covered service on behalf of such employer, which meets the following:

(A) PLAN DEVELOPMENT.—Each Plan shall—

(i) be developed and implemented with the meaningful participation of direct care employees, other employees, and employee representatives, for all aspects of the Plan;

(ii) be tailored and specific to conditions and hazards for the covered facility or the covered service, including patient-specific risk factors and risk factors specific to each work area or unit; and

(iii) be suitable for the size, complexity, and type of operations at the covered facility or for the covered service, and remain in effect at all times.

(B) PLAN CONTENT.—Each Plan shall include procedures and methods for the following:

(i) Identification of the individual responsible for implementation of the Plan.

(ii) With respect to each work area and unit at the covered facility or while covered employees are performing the covered service, risk assessment and identification of workplace violence risks and hazards to employees exposed to such risks and hazards (including environmental risk factors and patient-specific risk factors), which shall be—

(I) informed by past violent incidents specific to such covered facility or such covered service; and

(II) conducted with, at a minimum—

(aa) direct care employees;

(bb) where applicable, the representatives of such employees; and

(cc) the employer.

(iii) Hazard prevention, engineering controls, or work practice controls to correct hazards, in a timely manner, applying industrial hygiene principles of the hierarchy of controls, which—

(I) may include security and alarm systems, adequate exit routes, monitoring systems, barrier protection, established areas for patients and clients, lighting, entry procedures, staffing and working in teams, and systems to identify and flag clients with a history of violence; and

(II) shall ensure that employers correct, in a timely manner, hazards identified in any violent incident investigation described in paragraph (2) and any annual report described in paragraph (5).

(iv) Reporting, incident response, and post-incident investigation procedures, including procedures—

(I) for employees to report workplace violence risks, hazards, and incidents;

(II) for employers to respond to reports of workplace violence;

(III) for employers to perform a post-incident investigation and debriefing of all reports of workplace violence with the participation of employees and their representatives; and

(IV) to provide medical care or first aid to affected employees.

(v) Procedures for emergency response, including procedures for threats of mass casualties and procedures for incidents involving a firearm or a dangerous weapon.

(vi) Procedures for communicating with and training the covered employees on workplace violence hazards, threats, and work practice controls, the employer’s plan, and procedures for confronting, responding to, and reporting workplace violence threats, incidents, and concerns, and employee rights.

(vii) Procedures for—

(I) ensuring the coordination of risk assessment efforts, Plan development, and implementation of the Plan with other employers who have employees who work at the covered facility or who are performing the covered service; and

(II) determining which covered employer or covered employers shall be responsible for implementing and complying with the provisions of the standard applicable to the working conditions over which such employers have control.

(viii) Procedures for conducting the annual evaluation under paragraph (6).

(C) AVAILABILITY OF PLAN.—Each Plan shall be made available at all times to the covered employees who are covered under such Plan.

(2) VIOLENT INCIDENT INVESTIGATION.—

(A) IN GENERAL.—As soon as practicable after a workplace violence incident, risk, or hazard of which a covered employer has knowledge, the employer shall conduct an investigation of such incident, risk, or hazard under which the employer shall—

(i) review the circumstances of the incident, risk, or hazard, and whether any controls or measures implemented pursuant to the Plan of the employer were effective; and

(ii) solicit input from involved employees, their representatives, and supervisors about the cause of the incident, risk, or hazard, and whether further corrective measures (including system-level factors) could have prevented the incident, risk, or hazard.

(B) DOCUMENTATION.—A covered employer shall document the findings, recommendations, and corrective measures taken for each investigation conducted under this paragraph.

(3) TRAINING AND EDUCATION.—With respect to the covered employees covered under a Plan of a covered employer, the employer shall provide training and education to such employees who may be exposed to workplace violence hazards and risks, which meet the following requirements:

(A) Annual training and education shall include information on the Plan, including identified workplace violence hazards, work practice control measures, reporting procedures, record keeping requirements, response procedures, and employee rights.

(B) Additional hazard recognition training shall be provided for supervisors and managers to ensure they—

(i) can recognize high-risk situations; and

(ii) do not assign employees to situations that predictably compromise the safety of such employees.

(C) Additional training shall be provided for each such covered employee whose job circumstances have changed, within a reasonable timeframe after such change.

(D) Applicable training shall be provided under this paragraph for each new covered employee prior to the employee’s job assignment.

(E) All training shall provide such employees opportunities to ask questions, give feedback on training, and request additional instruction, clarification, or other followup.

(F) All training shall be provided in-person and by an individual with knowledge of workplace violence prevention and of the Plan, except that any annual training described in subparagraph (A) provided to an employee after the first year such training is provided to such employee may be conducted by live video if in-person training is impracticable.

(G) All training shall be appropriate in content and vocabulary to the language, educational level, and literacy of such covered employees.

(4) RECORDKEEPING AND ACCESS TO PLAN RECORDS.—

(A) IN GENERAL.—Each covered employer shall—

(i) maintain for not less than 5 years—

(I) records related to each Plan of the employer, including workplace violence risk and hazard assessments, and identification, evaluation, correction, and training procedures;

(II) a violent incident log described in subparagraph (B) for recording all workplace violence incidents; and

(III) records of all incident investigations as required under paragraph (2)(B); and

(ii) (I) make such records and logs available, upon request, to covered employees and their representatives for examination and copying in accordance with section 1910.1020 of title 29, Code of Federal Regulations (as such section is

in effect on the date of enactment of this Act), and in a manner consistent with HIPAA privacy regulations (defined in section 1180(b)(3) of the Social Security Act (42 U.S.C. 1320d-9(b)(3))) and part 2 of title 42, Code of Federal Regulations (as such part is in effect on the date of enactment of this Act); and

(II) ensure that any such records and logs that may be copied, transmitted electronically, or otherwise removed from the employer's control for purposes of this clause omit any element of personal identifying information sufficient to allow identification of any patient, resident, client, or other individual alleged to have committed a violent incident (including the individual's name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals such individual's identity).

(B) **VIOLENT INCIDENT LOG DESCRIPTION.**—Each violent incident log shall—

(i) be maintained by a covered employer for each covered facility controlled by the employer and for each covered service being performed by a covered employee on behalf of such employer;

(ii) be based on a template developed by the Secretary not later than 1 year after the date of enactment of this Act;

(iii) include, at a minimum, a description of—  
(I) the violent incident (including environmental risk factors present at the time of the incident);

(II) the date, time, and location of the incident, and the names and job titles of involved employees;

(III) the nature and extent of injuries to covered employees;

(IV) a classification of the perpetrator who committed the violence, including whether the perpetrator was—

(aa) a patient, client, resident, or customer of a covered employer;

(bb) a family or friend of a patient, client, resident, or customer of a covered employer;

(cc) a stranger;

(dd) a coworker, supervisor, or manager of a covered employee;

(ee) a partner, spouse, parent, or relative of a covered employee; or

(ff) any other appropriate classification;

(V) the type of violent incident (such as type 1 violence, type 2 violence, type 3 violence, or type 4 violence); and

(VI) how the incident was abated;

(iv) not later than 7 days after the employer learns of such incident, contain a record of each violent incident, which is updated to ensure completeness of such record;

(v) be maintained for not less than 5 years; and

(vi) in the case of a violent incident involving a privacy concern case, protect the identity of employees in a manner consistent with section 1904.29(b) of title 29, Code of Federal Regulations (as such section is in effect on the date of enactment of this Act).

(C) **ANNUAL SUMMARY.**—

(i) **COVERED EMPLOYERS.**—Each covered employer shall prepare an annual summary of each violent incident log for the preceding calendar year that shall—

(I) with respect to each covered facility, and each covered service, for which such a log has been maintained, include the total number of violent incidents, the number of recordable injuries related to such incidents, and the total number of hours worked by the covered employees for such preceding year;

(II) be completed on a form provided by the Secretary;

(III) be posted for three months beginning February 1 of each year in a manner consistent with the requirements of section 1904 of title 29, Code of Federal Regulations (as such section is in effect on the date of enactment of this Act), relating to the posting of summaries of injury and illness logs;

(IV) be located in a conspicuous place or places where notices to employees are customarily posted; and

(V) not be altered, defaced, or covered by other material.

(ii) **SECRETARY.**—Not later than 1 year after the promulgation of the interim final standard under section 101(a), the Secretary shall make available a platform for the electronic submission of annual summaries required under this paragraph.

(5) **ANNUAL REPORT.**—Not later than February 15 of each year, each covered employer shall report to the Secretary, the frequency, quantity, and severity of workplace violence, and any incident response and post-incident investigation (including abatement measures) for the incidents set forth in the annual summary of the violent incident log described in paragraph (4)(C).

(6) **ANNUAL EVALUATION.**—Each covered employer shall conduct an annual written evaluation, conducted with the full, active participation of covered employees and employee representatives, of—

(A) the implementation and effectiveness of the Plan, including a review of the violent incident log; and

(B) compliance with training required by each standard described in section 101, and specified in the Plan.

(7) **ANTI-RETALIATION.**—

(A) **POLICY.**—Each covered employer shall adopt a policy prohibiting any person (including an agent of the employer) from discriminating or retaliating against any employee for reporting, or seeking assistance or intervention from, a workplace violence incident, threat, or concern to the employer, law enforcement, local emergency services, or a government agency, or participating in an incident investigation.

(B) **PROHIBITION.**—No covered employer shall discriminate or retaliate against any employee for—

(i) reporting a workplace violence incident, threat, or concern to, or seeking assistance or intervention with respect to such incident, threat, or concern from, the employer, law enforcement, local emergency services, or a local, State, or Federal government agency; or

(ii) exercising any other rights under this paragraph.

(C) **ENFORCEMENT.**—This paragraph shall be enforced in the same manner and to the same extent as any standard promulgated under section 6(b) of the Occupational Safety and Health Act (29 U.S.C. 655(b)).

#### **SEC. 104. RULES OF CONSTRUCTION.**

Notwithstanding section 18 of the Occupational Safety and Health Act of 1970 (29 U.S.C. 667)—

(1) nothing in this title shall be construed to curtail or limit authority of the Secretary under any other provision of the law; and

(2) the rights, privileges, or remedies of covered employees shall be in addition to the rights, privileges, or remedies provided under any Federal or State law, or any collective bargaining agreement.

#### **SEC. 105. OTHER DEFINITIONS.**

In this title:

(1) **WORKPLACE VIOLENCE.**—

(A) **IN GENERAL.**—The term “workplace violence” means any act of violence or threat of violence, without regard to intent, that occurs at a covered facility or while a covered employee performs a covered service.

(B) **EXCLUSIONS.**—The term “workplace violence” does not include lawful acts of self-defense or lawful acts of defense of others.

(C) **INCLUSIONS.**—The term “workplace violence” includes—

(i) the threat or use of physical force against a covered employee that results in or has a high likelihood of resulting in injury, psychological trauma, or stress, without regard to whether the covered employee sustains an injury, psychological trauma, or stress; and

(ii) an incident involving the threat or use of a firearm or a dangerous weapon, including the use of common objects as weapons, without regard to whether the employee sustains an injury, psychological trauma, or stress.

(2) **TYPE 1 VIOLENCE.**—The term “type 1 violence”—

(A) means workplace violence directed at a covered employee at a covered facility or while performing a covered service by an individual who has no legitimate business at the covered facility or with respect to such covered service; and

(B) includes violent acts by any individual who enters the covered facility or worksite where a covered service is being performed with the intent to commit a crime.

(3) **TYPE 2 VIOLENCE.**—The term “type 2 violence” means workplace violence directed at a covered employee by customers, clients, patients, students, inmates, or any individual for whom a covered facility provides services or for whom the employee performs covered services.

(4) **TYPE 3 VIOLENCE.**—The term “type 3 violence” means workplace violence directed at a covered employee by a present or former employee, supervisor, or manager.

(5) **TYPE 4 VIOLENCE.**—The term “type 4 violence” means workplace violence directed at a covered employee by an individual who is not an employee, but has or is known to have had a personal relationship with such employee, or with a customer, client, patient, student, inmate, or any individual for whom a covered facility provides services or for whom the employee performs covered services.

(6) **THREAT OF VIOLENCE.**—The term “threat of violence” means a statement or conduct that—

(A) causes an individual to fear for such individual's safety because there is a reasonable possibility the individual might be physically injured; and

(B) serves no legitimate purpose.

(7) **ALARM.**—The term “alarm” means a mechanical, electrical, or electronic device that does not rely upon an employee's vocalization in order to alert others.

(8) **DANGEROUS WEAPON.**—The term “dangerous weapon” means an instrument capable of inflicting death or serious bodily injury, without regard to whether such instrument was designed for that purpose.

(9) **ENGINEERING CONTROLS.**—

(A) **IN GENERAL.**—The term “engineering controls” means an aspect of the built space or a device that removes a hazard from the workplace or creates a barrier between a covered employee and the hazard.

(B) **INCLUSIONS.**—For purposes of reducing workplace violence hazards, the term “engineering controls” includes electronic access controls to employee occupied areas, weapon detectors (installed or handheld), enclosed workstations with shatter-resistant glass, deep service counters, separate rooms or areas for high-risk patients, locks on doors, removing access to or securing items that could be used as weapons, furniture affixed to the floor, opaque glass in patient rooms (which protects privacy, but allows the health care provider to see where the patient is before entering the room), closed-circuit television monitoring and video recording, sight-aids, and personal alarm devices.

(10) **ENVIRONMENTAL RISK FACTORS.**—

(A) **IN GENERAL.**—The term “environmental risk factors” means factors in the covered facility or area in which a covered service is performed that may contribute to the likelihood or severity of a workplace violence incident.

(B) **CLARIFICATION.**—Environmental risk factors may be associated with the specific task being performed or the work area, such as working in an isolated area, poor illumination or blocked visibility, and lack of physical barriers between individuals and persons at risk of committing workplace violence.

(11) **PATIENT-SPECIFIC RISK FACTORS.**—The term “patient-specific risk factors” means factors specific to a patient that may increase the

likelihood or severity of a workplace violence incident, including—

(A) a patient's treatment and medication status, and history of violence and use of drugs or alcohol; and

(B) any conditions or disease processes of the patient that may cause the patient to experience confusion or disorientation, be non-responsive to instruction, behave unpredictably, or engage in disruptive, threatening, or violent behavior.

(12) SECRETARY.—The term "Secretary" means the Secretary of Labor.

(13) WORK PRACTICE CONTROLS.—

(A) IN GENERAL.—The term "work practice controls" means procedures and rules that are used to effectively reduce workplace violence hazards.

(B) INCLUSIONS.—The term "work practice controls" includes—

(i) assigning and placing sufficient numbers of staff to reduce patient-specific Type 2 workplace violence hazards;

(ii) provision of dedicated and available safety personnel such as security guards;

(iii) employee training on workplace violence prevention methods and techniques to de-escalate and minimize violent behavior; and

(iv) employee training on procedures for response in the event of a workplace violence incident and for post-incident response.

## TITLE II—AMENDMENTS TO THE SOCIAL SECURITY ACT

### SEC. 201. APPLICATION OF THE WORKPLACE VIOLENCE PREVENTION STANDARD TO CERTAIN FACILITIES RECEIVING MEDICARE FUNDS.

(a) IN GENERAL.—Section 1866 of the Social Security Act (42 U.S.C. 1395cc) is amended—

(1) in subsection (a)(1)—

(A) in subparagraph (X), by striking "and" at the end;

(B) in subparagraph (Y), by striking at the end the period and inserting "; and"; and

(C) by inserting after subparagraph (Y) the following new subparagraph:

"(Z) in the case of hospitals that are not otherwise subject to the Occupational Safety and Health Act of 1970 (or a State occupational safety and health plan that is approved under 18(b) of such Act) and skilled nursing facilities that are not otherwise subject to such Act (or such a State occupational safety and health plan), to comply with the Workplace Violence Prevention Standard (as promulgated under section 101 of the Workplace Violence Prevention for Health Care and Social Service Workers Act)."; and

(2) in subsection (b)(4)—

(A) in subparagraph (A), by inserting "and a hospital or skilled nursing facility that fails to comply with the requirement of subsection (a)(1)(Z) (relating to the Workplace Violence Prevention Standard)" after "Bloodborne Pathogens standard"; and

(B) in subparagraph (B)—

(i) by striking "(a)(1)(U)" and inserting "(a)(1)(V)"; and

(ii) by inserting "(or, in the case of a failure to comply with the requirement of subsection (a)(1)(Z), for a violation of the Workplace Violence Prevention standard referred to in such subsection by a hospital or skilled nursing facility, as applicable, that is subject to the provisions of such Act)" before the period at the end.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall apply beginning on the date that is 1 year after the date of issuance of the interim final standard on workplace violence prevention required under section 101.

The CHAIR. No further amendment to the bill, as amended, shall be in order except those printed in part B of the report. Each such further amendment may be offered only in the order printed in the report, by a Member designated in the report, shall be considered read, shall be debatable for the

time specified in the report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question.

AMENDMENT NO. 1 OFFERED BY MR. HASTINGS

The CHAIR. It is now in order to consider amendment No. 1 printed in part B of House Report 116-302.

Mr. HASTINGS. Madam Chair, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 13, beginning on line 6, amend subparagraph (C) to read as follows:

(C) AVAILABILITY OF PLAN.—

(i) IN GENERAL.—Each Plan shall be—

(I) made available at all times to the covered employees who are covered under such Plan; and

(II) to the extent possible, emailed to each such employee upon completion of the employee's annual training under paragraph (3)(A).

(ii) RULE OF CONSTRUCTION.—Nothing in this subparagraph shall be construed to serve in lieu of training or any other requirements under this Act.

The CHAIR. Pursuant to House Resolution 713, the gentleman from Florida (Mr. HASTINGS) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Florida.

Mr. HASTINGS. Madam Chair, my amendment No. 1 requires employers covered by the Workplace Violence Prevention for Health Care and Social Service Workers Act to make their organization's workplace violence prevention plans available to their employees through email and other methods.

Before I proceed, I want to thank Mr. COURTNEY for bringing this matter to our attention. What I didn't say to Mr. COURTNEY before now is that, 27 years ago, I came to this institution as a Member of the House of Representatives. Either the second or third measure that I proposed dealt with workplace violence, and it is this long that we are finally addressing this in a meaningful way.

This is a short and simple amendment that will help employees covered under the legislation stay familiar and comfortable with their organization's plans for preventing workplace violence.

H.R. 1309 requires the Department of Labor to promulgate an occupational safety and health standard for certain employers in the healthcare and social service sectors.

The standard requires them to develop and implement comprehensive plans for protecting their employees from workplace violence. These plans are specifically tailored to workplaces and their employees on a case-by-case basis and are important tools for identifying and mitigating risks.

As a part of the requirements for these plans, H.R. 1309 requires employers to provide comprehensive training

on these plans to employees and to make their workplace violence prevention plans available to their employees at all times.

My amendment, which is cosponsored by my good friend and colleague, Congressman DESAULNIER, expands on this specific requirement and requires employers to share their plans with their employees through email and other methods, following the completion of their annual training.

Doing so would ensure that, in addition to the other training and guidance provided by their employers, employees have access to their own digital copies of their organization's violence prevention plans. Having this access will permit them greater flexibility to access and review these important documents as they feel necessary.

This is a commonsense amendment that will make it easier for covered employees to feel comfortable with their organization's workplace violence prevention plans.

Madam Chair, I urge my colleagues to support this amendment, and I reserve the balance of my time.

Ms. FOXX of North Carolina. Madam Chair, I claim the time in opposition to the amendment.

The CHAIR. The gentlewoman from North Carolina is recognized for 5 minutes.

Ms. FOXX of North Carolina. Madam Chair, this amendment is unnecessary. The underlying bill already mandates that each workplace violation prevention plan required by the bill "be made available at all times" to covered employees. This amendment adds yet another overly prescriptive requirement on healthcare establishments.

OSHA, as it proceeds with its rulemaking, should have the ability to determine the specific elements required of each employer after analyzing their effectiveness and potential cost.

Ultimately, H.R. 1309 circumvents the longstanding, established OSHA rulemaking process, which is intended to research thoroughly the underlying circumstances that may merit a health and safety regulation and gather meaningful stakeholder input in order to create the most feasible and protective safety and health standard possible.

□ 1015

By dodging the established regulatory process, H.R. 1309 is foreclosing other potential solutions. H.R. 1309 will require OSHA to enforce an interim final standard in healthcare and social service settings within a year. The legislation does not allow OSHA to consider important information, such as the experience of California which has a brand-new standard in place, the views of experts in the field, and the input of workers who have invaluable workplace experience.

H.R. 1309 discounts the complexity of the underlying issue and the importance of the knowledge and experience stakeholders can offer that will help create a workable and effective solution.



Madam Chair, I yield back the balance of my time.

Mr. HASTINGS. Madam Chair, I close by reiterating that this amendment is a short and uncontentious proposal to help covered employees feel comfortable with their organization's workplace violence prevention plans.

By requiring employers to make their organization's workplace violence prevention plans available through email and other methods, this amendment would ensure that employees have access to their own digital copies of their organization's plans. Having this access will permit employees greater flexibility to access and review these important documents as they feel necessary.

Madam Chair, I urge my colleagues to support this amendment, and I yield back the balance of my time.

The CHAIR. The question is on the amendment offered by the gentleman from Florida (Mr. HASTINGS).

The amendment was agreed to.

AMENDMENT NO. 2 OFFERED BY MR. DESAULNIER

The CHAIR. It is now in order to consider amendment No. 2 printed in part B of House Report 116-302.

Mr. DESAULNIER. Madam Chair, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 11, line 23, strike "and".

Page 11, line 25, strike the period and insert "; and".

Page 11, after line 25, insert the following: (V) to provide employees with information about available trauma and related counseling.

The CHAIR. Pursuant to House Resolution 713, the gentleman from California (Mr. DESAULNIER) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from California.

Mr. DESAULNIER. Madam Chair, my amendment requires that healthcare workers and social service workers are provided with information on available mental health resources, trauma, and related counseling.

It is appalling that those who dedicate their lives to caring for people in need suffer workplace violence at disproportionately high rates across the Nation. In 2018, healthcare and social service workers were four times as likely to suffer a serious workplace violence injury than workers overall.

Between 2013 and 2016, one in four registered nurses and nursing students reported being physically assaulted at work by a patient or a patient's family member. And in 2017, State government healthcare and social service workers were almost 10 times more likely to be injured by an assault than private-sector healthcare workers.

Some, tragically, do not survive these incidents. Yesterday, I spoke about a former constituent, Donna Kay Gross of Concord, California, who was a psychiatric technician at Napa State Hospital in California.

She was brutally murdered by a patient outside the unit where she worked. She chose to go into this field and work as a technician because of a history of mental health in her family, and her mother was at Napa State Hospital.

Her story, unfortunately, is not completely unique. A few years ago here in Washington, Mindy Blandon, a registered nurse, was working in the surgical oncology unit when a patient she was treating became agitated. As Mindy and another nurse approached the bedside, the patient became combative.

At the end of an extended scuffle, the patient strangled Mindy with her own stethoscope. Luckily, Mindy survived with the support of her other staff, but the trauma she went through will forever affect her.

Workplace violence has serious physical and emotional consequences for workers and employers alike. While H.R. 1309 includes provisions for workers' medical care as part of the underlying bill, we must also address the psychological effects of workplace violence. Survivors of workplace violence are at an increased risk of long-term emotional problems and post-traumatic stress disorders which can be debilitating, lead to lost days of work, deteriorate productivity and morale, and sometimes even end workers' careers.

The high turnover that results weakens our Nation's healthcare workforce that is already stretched thin and discourages good people from entering these professions.

I am proud that California has led the way in preventing and responding to workplace violence against healthcare workers, including requiring the mental health service information that this amendment provides.

There is a clear need for these services. According to the Bureau of Labor Statistics, 18,400 workers in the private industry experienced trauma from nonfatal workplace violence in 2017. Of those victims who experience trauma from workplace violence, 71 percent worked in the healthcare and social assistance industry.

This amendment would bring the Workplace Violence Prevention for Health Care and Social Service Workers Act in line with the California law by ensuring that healthcare and social service workers are provided with critical information on trauma and related counseling for employees after a violent incident.

Madam Chair, I urge support for the amendment, and I reserve the balance of my time.

Ms. FOXX of North Carolina. Madam Chair, I claim the time in opposition to the amendment.

The CHAIR. The gentlewoman from North Carolina is recognized for 5 minutes.

Ms. FOXX of North Carolina. Madam Chair, I yield myself such time as I may consume.

Madam Chair, this amendment adds yet another overly prescriptive regulatory requirement on healthcare providers, small and large, without going through the established rulemaking process.

This amendment provides no opportunity for OSHA to examine whether the requirements listed in the amendment would be beneficial and useful. The provision in this amendment could be examined during a small business stakeholder panel and a public comment period if OSHA were permitted to engage in these important steps before issuing an interim final rule.

We still need additional research and data to identify the best ways to mitigate and prevent workplace violence in healthcare and social service settings. There have been calls for additional research on the project, including from the Government Accountability Office and the Centers for Disease Control and Prevention.

Democrat amendments to the bill, such as the one we are debating, do not change these basic facts. Democrat window-dressing amendments that add more red tape don't change the fact that H.R. 1309 fails to allow for the development of a workable, effective, and feasible workplace violence prevention standard.

Madam Chair, I yield back the balance of my time.

Mr. DESAULNIER. Madam Chair, I yield 1 minute to the gentleman from Florida (Mr. HASTINGS), my distinguished friend.

Mr. HASTINGS. Madam Chair, I am pleased to rise in support of my colleague, Mr. DESAULNIER's amendment to H.R. 1309.

As my good friend knows, I was planning to introduce an amendment that was virtually identical to his, and so I was happy to make this a combined effort and support his amendment as a cosponsor.

As has already been explained, this amendment would require employers to provide information about trauma and trauma-related counseling for employees in their reporting, incident response, and post-incident investigation procedures.

Doing so would ensure that employees have access to this vital information in the wake of incidents involving workplace violence. I think this is an important consideration as we consider this legislation responding to high rates of workplace violence.

Our Nation's caregivers, including nurses, social workers, and many others working in the healthcare and social service sectors, suffer workplace violence injuries at far higher rates than in any other profession.

Mr. DESAULNIER. Madam Chair, I urge my colleagues to support the amendment, and I yield back the balance of my time.

The CHAIR. The question is on the amendment offered by the gentleman from California (Mr. DESAULNIER).

The amendment was agreed to.

AMENDMENT NO. 3 OFFERED BY MR. BYRNE

The CHAIR. It is now in order to consider amendment No. 3 printed in part B of House Report 116-302.

Mr. BYRNE. Madam Chair, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Strike all after section 1 and insert the following:

#### SECTION 2. FINDINGS.

Congress finds the following:

(1) In a 2016 report entitled, “Workplace Safety and Health: Additional Efforts Needed to Help Protect Health Care Workers from Workplace Violence”, the Government Accountability Office estimated over 730,000 cases of health care workplace assaults over the 5-year span from 2009 through 2013, based on Bureau of Justice Statistics data.

(2) The Bureau of Labor Statistics reported the health care and social service industries experience the highest rates of injuries caused by workplace violence. Nurses, social workers, psychiatric, home health, and personal care aides are all at increased risk for injury caused by workplace violence.

(3) The Bureau of Labor Statistics reports that health care and social service workers suffered 71 percent of all workplace violence injuries caused by persons in 2017 and are more than 4 times as likely to suffer a workplace violence injury than workers overall.

(4) According to a September 2018 survey of 3,500 American emergency physicians conducted by the American College of Emergency Physicians, 47 percent of emergency room doctors have been physically assaulted at work, and 8 in 10 report that this violence is affecting patient care.

(5) Workplace violence in health care and social service sectors is increasing. Bureau of Labor Statistics data show that private sector injury rates of workplace violence in health care and social service sectors increased by 63 percent between 2006 and 2016.

(6) Studies have found that proper staff education and the use of evidence based interventions (such as effective communication with patients using de-escalation techniques and noncoercive use of medications) can reduce the risks to the safety of both patients and staff, using least-restrictive measures.

(7) The Occupational Safety and Health Administration in 2015 updated its “Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers”, however, this guidance is not enforceable.

(8) Nine States have mandated that certain types of health care facilities implement workplace violence prevention programs. On April 1, 2018, the Division of Occupational Safety and Health of the State of California issued a comprehensive standard (“Workplace Violence Prevention in Health Care”) that requires health care facilities to implement a workplace violence prevention plan.

(9) The Occupational Safety and Health Administration (OSHA) received two petitions for rulemaking in July of 2016, calling on OSHA to promulgate a violence prevention standard for health care and social service sectors. On December 6, 2016, OSHA issued a Request for Information (RFI) soliciting information on this issue. On January 10, 2017, OSHA conducted a public meeting to receive stakeholder input and to supplement the online comments submitted in response to the RFI. At that meeting, OSHA announced it accepted the petitions and would develop a Federal standard to prevent workplace violence in health care and social service settings. OSHA’s spring 2019 regulatory

agenda listed a Small Business Regulatory Enforcement Fairness Act Panel for Prevention of Workplace Violence in Health Care and Social Assistance.

#### SEC. 3. TABLE OF CONTENTS.

The table of contents for this Act is as follows:

Sec. 1. Short title.

Sec. 2. Findings.

Sec. 3. Table of contents.

#### TITLE I—WORKPLACE VIOLENCE PREVENTION STANDARD

Sec. 101. Final standard.

Sec. 102. Scope and application.

Sec. 103. Requirements for workplace violence prevention standard.

Sec. 104. Rules of construction.

Sec. 105. Other definitions.

#### TITLE II—AMENDMENTS TO THE SOCIAL SECURITY ACT

Sec. 201. Application of the workplace violence prevention standard to certain facilities receiving Medicare funds.

#### TITLE I—WORKPLACE VIOLENCE PREVENTION STANDARD

##### SEC. 101. FINAL STANDARD.

(a) IN GENERAL.—The Secretary of Labor shall promulgate a final standard on workplace violence prevention—

(1) to require certain employers in the healthcare and social service sectors, and certain employers in sectors that conduct activities similar to the activities in the healthcare and social service sectors, to develop and implement a comprehensive workplace violence prevention plan to protect health care workers, social service workers, and other personnel from workplace violence; and

(2) that may be based on the Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers published by the Occupational Safety and Health Administration of the Department of Labor in 2015 and adhere to the requirements of this title.

(b) EFFECTIVE DATE OF STANDARD.—The final standard shall—

(1) take effect on a date that is not later than 60 days after promulgation, except that such final standard may include a reasonable phase-in period for the implementation of required engineering controls that take effect after such date; and

(2) be enforced in the same manner and to the same extent as any standard promulgated under section 6(b) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 655(b)).

(c) EDUCATIONAL OUTREACH.—

(1) DURING RULEMAKING.—During the period beginning on the date the Secretary commences rulemaking under this section and ending on the effective date of the final standard promulgated under this section, the Secretary of Labor shall engage in an educational campaign for covered employees and covered employers regarding workplace violence prevention in health care and social service industries on the materials of the Occupational Safety and Health Administration on workplace violence prevention for such industries.

(2) REQUIREMENTS OF FINAL STANDARD.—Beginning on the date on which the final standard is promulgated under this section, the Secretary shall engage in an educational campaign for covered employees and covered employers on the requirements of such final standard.

##### SEC. 102. SCOPE AND APPLICATION.

In this title:

(1) COVERED FACILITY.—The term “covered facility” means a facility with respect to

which the Secretary determines that requirements of the final standard promulgated under section 101(a) would be reasonably necessary or appropriate, and which may include:

(A) Any hospital, including any specialty hospital.

(B) Any residential treatment facility, including any nursing home, skilled nursing facility, hospice facility, and long-term care facility.

(C) Any medical treatment or social service setting or clinic at a correctional or detention facility.

(D) Any community-based residential facility, group home, and mental health clinic.

(E) Any psychiatric treatment facility.

(F) Any drug abuse or substance use disorder treatment center.

(G) Any independent freestanding emergency centers.

(H) Any facility described in subparagraphs (A) through (G) operated by a Federal Government agency and required to comply with occupational safety and health standards pursuant to section 1960 of title 29, Code of Federal Regulations (as such section is in effect on the date of enactment of this Act).

(2) COVERED SERVICES.—The term “covered service” includes the following services and operations:

(A) Any services and operations provided in home health care, home-based hospice, and home-based social work.

(B) Any emergency medical services and transport, including such services when provided by firefighters and emergency responders.

(C) Any services described in subparagraphs (A) and (B) performed by a Federal Government agency and required to comply with occupational safety and health standards pursuant to section 1960 of title 29, Code of Federal Regulations (as such section is in effect on the date of enactment of this Act).

(D) Any other services and operations the Secretary determines should be covered under the standards promulgated under section 101.

(3) COVERED EMPLOYER.—

(A) IN GENERAL.—The term “covered employer” includes a person (including a contractor, subcontractor, or a temporary service firm) that employs an individual to work at a covered facility or to perform covered services.

(B) EXCLUSION.—The term “covered employer” does not include an individual who privately employs a person to perform covered services for the individual or a friend or family member of the individual.

(4) COVERED EMPLOYEE.—The term “covered employee” includes an individual employed by a covered employer to work at a covered facility or to perform covered services.

##### SEC. 103. REQUIREMENTS FOR WORKPLACE VIOLENCE PREVENTION STANDARD.

Each standard described in section 101 may include the following requirements:

(1) WORKPLACE VIOLENCE PREVENTION PLAN.—Not later than 6 months after the date of promulgation of the final standard under section 101(a), a covered employer shall develop, implement, and maintain a written workplace violence prevention plan for covered employees at each covered facility and for covered employees performing a covered service on behalf of such employer, which meets the following:

(A) PLAN DEVELOPMENT.—Each Plan shall—

(i) subject to subparagraph (D), be developed and implemented with the meaningful participation of direct care employees and, where applicable, employee representatives, for all aspects of the Plan;

(ii) be applicable to conditions and hazards for the covered facility or the covered service, including patient-specific risk factors and risk factors specific to each work area or unit; and

(iii) be suitable for the size, complexity, and type of operations at the covered facility or for the covered service, and remain in effect at all times.

(B) **PLAN CONTENT.**—Each Plan shall include procedures and methods for the following:

(i) Identification of each individual or the job title of each individual responsible for implementation of the Plan.

(ii) With respect to each work area and unit at the covered facility or while covered employees are performing the covered service, risk assessment and identification of workplace violence risks and hazards to employees exposed to such risks and hazards (including environmental risk factors and patient-specific risk factors), which may be—

(I) informed by past violent incidents specific to such covered facility or such covered service; and

(II) conducted with—

(aa) representative direct care employees; (bb) where applicable, the representatives of such employees; and

(cc) the employer.

(iii) Hazard prevention, engineering controls, or work practice controls to correct, in a timely manner, hazards that the employer creates or controls which—

(I) may include security and alarm systems, adequate exit routes, monitoring systems, barrier protection, established areas for patients and clients, lighting, entry procedures, staffing and working in teams, and systems to identify and flag clients with a history of violence; and

(II) shall ensure that employers correct, in a timely manner, hazards identified in the annual report described in paragraph (5) that the employer creates or controls.

(iv) Reporting, incident response, and post-incident investigation procedures, including procedures—

(I) for employees to report to the employer workplace violence risks, hazards, and incidents;

(II) for employers to respond to reports of workplace violence;

(III) for employers to perform a post-incident investigation and debriefing of all reports of workplace violence with the participation of employees and their representatives; and

(IV) to provide medical care or first aid to affected employees.

(v) Procedures for emergency response, including procedures for threats of mass casualties and procedures for incidents involving a firearm or a dangerous weapon.

(vi) Procedures for communicating with and educating of covered employees on workplace violence hazards, threats, and work practice controls, the employer's plan, and procedures for confronting, responding to, and reporting workplace violence threats, incidents, and concerns, and employee rights.

(vii) Procedures for ensuring the coordination of risk assessment efforts, Plan development, and implementation of the Plan with other employers who have employees who work at the covered facility or who are performing the covered service.

(viii) Procedures for conducting the annual evaluation under paragraph (6).

(C) **AVAILABILITY OF PLAN.**—Each Plan shall be made available at all times to the covered employees who are covered under such Plan.

(D) **CLARIFICATION.**—The requirement under subparagraph (A)(i) shall not be construed to require that all direct care employ-

ees and employee representatives participate in the development and implementation of the Plan.

(2) **VIOLENT INCIDENT INVESTIGATION.**—

(A) **IN GENERAL.**—As soon as practicable after a workplace violence incident, of which a covered employer has knowledge, the employer shall conduct an investigation of such incident, under which the employer shall—

(i) review the circumstances of the incident and whether any controls or measures implemented pursuant to the Plan of the employer were effective; and

(ii) solicit input from involved employees, their representatives, and supervisors, about the cause of the incident, and whether further corrective measures (including system-level factors) could have prevented the incident, risk, or hazard.

(B) **DOCUMENTATION.**—A covered employer shall document the findings, recommendations, and corrective measures taken for each investigation conducted under this paragraph.

(3) **EDUCATION.**—With respect to the covered employees covered under a Plan of a covered employer, the employer shall provide education to such employees who may be exposed to workplace violence hazards and risks, which meet the following requirements:

(A) Annual education includes information on the Plan, including identified workplace violence hazards, work practice control measures, reporting procedures, record keeping requirements, response procedures, and employee rights.

(B) Additional hazard recognition education for supervisors and managers to ensure they can recognize high-risk situations and do not assign employees to situations that predictably compromise their safety.

(C) Additional education for each such covered employee whose job circumstances have changed, within a reasonable timeframe after such change.

(D) Applicable new employee education prior to employee's job assignment.

(E) All education provides such employees opportunities to ask questions, give feedback on such education, and request additional instruction, clarification, or other followup.

(F) All education is provided in-person or online and by an individual with knowledge of workplace violence prevention and of the Plan.

(G) All education is appropriate in content and vocabulary to the language, educational level, and literacy of such covered employees.

(4) **RECORDKEEPING AND ACCESS TO PLAN RECORDS.**—

(A) **IN GENERAL.**—Each covered employer shall—

(i) maintain at all times records related to each Plan of the employer, including workplace violence risk and hazard assessments, and identification, evaluation, correction, and education procedures;

(ii) maintain for a minimum of 5 years—

(I) a violent incident log described in subparagraph (B) for recording all workplace violence incidents; and

(II) records of all incident investigations as required under paragraph (2)(B); and

(iii) make such records and logs available, upon request, to covered employees and their representatives for examination and copying in accordance with section 1910.1020 of title 29, Code of Federal Regulations (as such section is in effect on the date of enactment of this Act), and in a manner consistent with HIPAA privacy regulations (defined in section 1180(b)(3) of the Social Security Act (42 U.S.C. 1320d-9(b)(3))) and part 2 of title 42, Code of Federal Regulations (as such part is in effect on the date of enactment of this part), and ensure that any such records and

logs removed from the employer's control for purposes of this clause omit any element of personal identifying information sufficient to allow identification of any patient, resident, client, or other individual alleged to have committed a violent incident (including the person's name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals such person's identity).

(B) **VIOLENT INCIDENT LOG DESCRIPTION.**—Each violent incident log—

(i) shall be maintained by a covered employer for each covered facility controlled by the employer and for each covered service being performed by a covered employee on behalf of such employer;

(ii) may be based on a template developed by the Secretary not later than 1 year after the date of promulgation of the standards under section 101(a);

(iii) may include a description of—

(I) the violent incident (including environmental risk factors present at the time of the incident);

(II) the date, time, and location of the incident, names and job titles of involved employees;

(III) the nature and extent of injuries to covered employees;

(IV) a classification of the perpetrator who committed the violence, including whether the perpetrator was—

(aa) a patient, client, resident, or customer of a covered employer;

(bb) a family or friend of a patient, client, resident, or customer of a covered employer;

(cc) a stranger;

(dd) a coworker, supervisor, or manager of a covered employee;

(ee) a partner, spouse, parent, or relative of a covered employee; or

(ff) any other appropriate classification;

(V) the type of violent incident (such as type 1 violence, type 2 violence, type 3 violence, or type 4 violence); and

(VI) how the incident was addressed;

(iv) not later than 7 days, depending on the availability or condition of the witness, after the employer learns of such incident, shall contain a record of each violent incident, which is updated to ensure completeness of such record;

(v) shall be maintained for not less than 5 years; and

(vi) in the case of a violent incident involving a privacy concern case as defined in section 1904.29(b)(7) of title 29, Code of Federal Regulations (as such section is in effect on the date of enactment of this Act), shall protect the identity of employees in a manner consistent with that section.

(C) **ANNUAL SUMMARY.**—Each covered employer shall prepare an annual summary of each violent incident log for the preceding calendar year that shall—

(i) with respect to each covered facility, and each covered service, for which such a log has been maintained, include the total number of violent incidents, the number of recordable injuries related to such incidents, and the total number of hours worked by the covered employees for such preceding year;

(ii) be completed on a form provided by the Secretary;

(iii) be posted for three months beginning February 1 of each year in a manner consistent with the requirements of section 1904 of title 29, Code of Federal Regulations (as such section is in effect on the date of enactment of this Act), relating to the posting of summaries of injury and illness logs;

(iv) be located in a conspicuous place or places where notices to employees are customarily posted; and

(v) not be altered, defaced, or covered by other material by the employer.

(5) ANNUAL EVALUATION.—Each covered employer shall conduct an annual written evaluation, conducted with the full, active participation of covered employees and employee representatives, of—

(A) the implementation and effectiveness of the Plan, including a review of the violent incident log; and

(B) compliance with education required by each standard described in section 101, and specified in the Plan.

(6) ANTI-RETALIATION.—

(A) POLICY.—Each covered employer shall adopt a policy prohibiting any person (including an agent of the employer) from discriminating or retaliating against any employee for reporting, or seeking assistance or intervention from, a workplace violence incident, threat, or concern to the employer, law enforcement, local emergency services, or a government agency, or participating in an incident investigation.

(B) ENFORCEMENT.—Each violation of the policy shall be enforced in the same manner and to the same extent as a violation of section 11(c) of the Occupational Safety and Health Act (29 U.S.C. 660(c)) is enforced.

#### SEC. 104. RULES OF CONSTRUCTION.

Notwithstanding section 18 of the Occupational Safety and Health Act of 1970 (29 U.S.C. 667)—

(1) nothing in this title shall be construed to curtail or limit authority of the Secretary under any other provision of the law; and

(2) the rights, privileges, or remedies of covered employees shall be in addition to the rights, privileges, or remedies provided under any Federal or State law, or any collective bargaining agreement.

#### SEC. 105. OTHER DEFINITIONS.

In this title:

(1) WORKPLACE VIOLENCE.—

(A) IN GENERAL.—The term “workplace violence” means any act of violence or threat of violence, that occurs at a covered facility or while a covered employee performs a covered service.

(B) EXCLUSIONS.—The term “workplace violence” does not include lawful acts of self-defense or lawful acts of defense of others.

(C) INCLUSIONS.—The term “workplace violence” includes an incident involving the threat or use of a firearm or a dangerous weapon, including the use of common objects as weapons, without regard to whether the employee sustains an injury.

(2) TYPE 1 VIOLENCE.—The term “type 1 violence”—

(A) means workplace violence directed at a covered employee at a covered facility or while performing a covered service by an individual who has no legitimate business at the covered facility or with respect to such covered service; and

(B) includes violent acts by any individual who enters the covered facility or worksite where a covered service is being performed with the intent to commit a crime.

(3) TYPE 2 VIOLENCE.—The term “type 2 violence” means workplace violence directed at a covered employee by customers, clients, patients, students, inmates, or any individual for whom a covered facility provides services or for whom the employee performs covered services.

(4) TYPE 3 VIOLENCE.—The term “type 3 violence” means workplace violence directed at a covered employee by a present or former employee, supervisor, or manager.

(5) TYPE 4 VIOLENCE.—The term “type 4 violence” means workplace violence directed at a covered employee by an individual who is not an employee, but has or is known to have had a personal relationship with such employee.

(6) ALARM.—The term “alarm” means a mechanical, electrical, or electronic device

that can alert others but does not rely upon an employee’s vocalization in order to alert others.

(7) ENGINEERING CONTROLS.—

(A) IN GENERAL.—The term “engineering controls” means an aspect of the built space or a device that removes or minimizes a hazard from the workplace or creates a barrier between a covered employee and the hazard.

(B) INCLUSIONS.—For purposes of reducing workplace violence hazards, the term “engineering controls” includes electronic access controls to employee occupied areas, weapon detectors (installed or handheld), enclosed workstations with shatter-resistant glass, deep service counters, separate rooms or areas for high-risk patients, locks on doors, removing access to or securing items that could be used as weapons, furniture affixed to the floor, opaque glass in patient rooms (which protects privacy, but allows the health care provider to see where the patient is before entering the room), closed-circuit television monitoring and video recording, sight-aids, and personal alarm devices.

(8) ENVIRONMENTAL RISK FACTORS.—

(A) IN GENERAL.—The term “environmental risk factors” means factors in the covered facility or area in which a covered service is performed that may contribute to the likelihood or severity of a workplace violence incident.

(B) CLARIFICATION.—Environmental risk factors may be associated with the specific task being performed or the work area, such as working in an isolated area, poor illumination or blocked visibility, and lack of physical barriers between individuals and persons at risk of committing workplace violence.

(9) PATIENT-SPECIFIC RISK FACTORS.—The term “patient-specific risk factors” means factors specific to a patient that may increase the likelihood or severity of a workplace violence incident, including—

(A) a patient’s psychiatric condition, treatment and medication status, history of violence, and known or recorded use of drugs or alcohol; and

(B) any conditions or disease processes of the patient that may cause the patient to experience confusion or disorientation, to be non-responsive to instruction, or to behave unpredictably.

(10) SECRETARY.—The term “Secretary” means the Secretary of Labor.

(11) WORK PRACTICE CONTROLS.—

(A) IN GENERAL.—The term “work practice controls” means procedures and rules that are used to effectively reduce workplace violence hazards.

(B) INCLUSIONS.—The term “work practice controls” includes assigning and placing sufficient numbers of staff to reduce patient-specific Type 2 workplace violence hazards, provision of dedicated and available safety personnel such as security guards, employee training on workplace violence prevention method and techniques to de-escalate and minimize violent behavior, and employee training on procedures for response in the event of a workplace violence incident and for post-incident response.

#### TITLE II—AMENDMENTS TO THE SOCIAL SECURITY ACT

##### SEC. 201. APPLICATION OF THE WORKPLACE VIOLENCE PREVENTION STANDARD TO CERTAIN FACILITIES RECEIVING MEDICARE FUNDS.

(a) IN GENERAL.—Section 1866 of the Social Security Act (42 U.S.C. 1395cc) is amended—

(1) in subsection (a)(1)—

(A) in subparagraph (X), by striking “and” at the end;

(B) in subparagraph (Y), by striking at the end the period and inserting “; and”; and

(C) by inserting after subparagraph (Y) the following new subparagraph:

“(Z) in the case of hospitals that are not otherwise subject to the Occupational Safety and Health Act of 1970 (or a State occupational safety and health plan that is approved under 18(b) of such Act) and skilled nursing facilities that are not otherwise subject to such Act (or such a State occupational safety and health plan), to comply with the Workplace Violence Prevention Standard (as promulgated under section 101 of the Workplace Violence Prevention for Health Care and Social Service Workers Act).”; and

(2) in subsection (b)(4)—

(A) in subparagraph (A), by inserting “and a hospital or skilled nursing facility that fails to comply with the requirement of subsection (a)(1)(Z) (relating to the Workplace Violence Prevention Standard)” after “Bloodborne Pathogens Standard”; and

(B) in subparagraph (B)—

(i) by striking “(a)(1)(U)” and inserting “(a)(1)(V)”; and

(ii) by inserting “(or, in the case of a failure to comply with the requirement of subsection (a)(1)(Z), for a violation of the Workplace Violence Prevention standard referred to in such subsection by a hospital or skilled nursing facility, as applicable, that is subject to the provisions of such Act)” before the period at the end.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall apply beginning on the date that is 1 year after the date of issuance of the final standard on workplace violence prevention required under section 101.

The CHAIR. Pursuant to House Resolution 713, the gentleman from Alabama (Mr. BYRNE) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Alabama.

Mr. BYRNE. Madam Chair, I yield myself such time as I may consume.

Let me be clear: protecting workers from workplace violence is a policy priority that Republicans and Democrats see eye to eye on. American workers should be kept out of harm’s way on the job so they can return home to their families every day healthy and safe.

Republicans and Democrats appreciate the hard work and empathy that healthcare workers and community caregivers demonstrate every single day on the job. Their dedication to caring for the most vulnerable members of our communities is extraordinary. And these workers deserve our gratitude, our respect, and our commitment to ensuring that they are safe on the job.

Today, we can do right by them by working together to address the critical need for protection and the prevention of violence in the workplace. Impactful legislation is possible in an effective and bipartisan manner, but I echo Ranking Member Foxx’s observation that this bill is simply the wrong approach.

While H.R. 1309 stands no chance of becoming law, I believe we have a real opportunity here to advance legislation that could be enacted and provide the protections for workers we all desire.

The amendment that I am proposing today recognizes that OSHA, having noted the hazards and risks that exist with healthcare workers, is currently advancing the rulemaking process to address this important issue.

This amendment would ensure that the regulated community has an opportunity to provide meaningful comments on a workplace violence prevention standard which will inform an effective and workable final regulation before the agency begins enforcement, and it calls on OSHA to convene the already planned Small Business Regulatory Enforcement Fairness Act panel before proceeding with the rulemaking process to allow small businesses the opportunity to comment on regulatory text.

Finally, the amendment would require OSHA to conduct an educational campaign on workplace violence prevention in the healthcare and social service industries.

This commonsense amendment acknowledges and supports the work already underway and protects this progress so that they can further propel solutions to workplace violence.

Addressing workplace violence prevention is crucial. The Obama administration delayed action on this issue and first made moves to initiate a rulemaking process in the final year of President's Obama's 8-year tenure.

Meanwhile, the Department of Labor is working on workplace violence prevention rulemaking as we speak, and as I said, has initiated the panel scheduled for January.

We agree there is work to be done, but H.R. 1309 is not the answer. I ask my colleagues to support my amendment so we can make real, meaningful steps toward protecting American workers in this industry, and I reserve the balance of my time.

Mr. COURTNEY. Madam Chair, I rise in opposition to the amendment.

The CHAIR. The gentleman from Connecticut is recognized for 5 minutes.

Mr. COURTNEY. Madam Chair, again, I rise in opposition to the amendment, but certainly with great respect for the proponent. I actually supported making this amendment in order because I have such high regard for the gentleman.

However, this amendment, essentially, Madam Chair, guts the bill.

The essence of this bill is to say to the Occupational Safety and Health Administration, who has been studying this issue since the 1990s and has issued commonsense guidelines—that again, Ranking Member FOXX has touted as an example of how this isn't a real problem that we need to accelerate, but the fact of the matter is, we incorporate those guidelines in the underlying bill with a real deadline, 42 months. That has precedent.

Congress has done this before. OSHA is an act of Congress, and we have accelerated deadlines for bloodborne pathogens back in the late 1990s, gave them a 1-year deadline or a 6-month deadline to implement a standard, again, for HIV, hepatitis B, and C, in healthcare. And thank God. We are a safer country because Congress stepped in and set a deadline for OSHA to act.

We did it for hazardous waste materials. We put a deadline to make them act. Without a deadline, what we are stuck with is OSHA's atrocious record of getting rules out in a timely fashion. Beryllium, 18 years it took; silica, 19 years. If you inhale silica, you suffocate and get cancer; confined spaces in construction, working in trenches, 22 years.

And, yes, yesterday, the Trump administration, for the third time, scheduled a preliminary panel with the SBREFA panel, having canceled the prior two. We are 3 years into this administration, and still, to this date, nothing actually has happened other than notices, which so far have just been canceled over and over again.

□ 1030

Madam Chair, while we were here on the floor, one of the most credible voices on this issue, which is the American College of Emergency Physicians—when these unruly, agitated patients with the heroin and opioid crises and behavioral health crises are coming through the doors, they are the ones who are really at the front line, along with the nurses and their assistants. They urge legislators to oppose the Byrne amendment that would eliminate the deadline for OSHA to issue a standard.

The reason they give is that, in 2018, they did a survey of emergency physicians all across America who reported being physically assaulted while at work, with 60 percent of those assaults occurring within the previous year. This is happening in real time, and it is accelerating. The trajectory is something that we cannot wait for OSHA to basically go back and reinvent the wheel that they have already issued in terms of guidelines about how to reduce risk in workplaces.

That is why, in addition to other issues in this amendment that eliminate the whistleblower protection, as well as the interim final standard, which, again, incorporates OSHA's already preexisting rules, that I rise in strong opposition to this amendment.

Let's move forward, and let's do it in a timely fashion for America's healthcare and social services workforce.

Madam Chair, I reserve the balance of my time.

Mr. BYRNE. Madam Chair, I return the gentleman's respect, and I know that he has worked long and hard on this. I agree with him that this is a real problem that is getting worse, but we are not going to make it better if we pass something in this House that will not get up on the floor of the Senate and won't be signed by the President. We know it won't.

I would suggest to the gentleman that this vehicle is how we actually get something passed and do something for the workers that we care so much about.

Madam Chair, I reserve the balance of my time.

Mr. COURTNEY. Madam Chair, I yield myself the balance of my time.

Madam Chair, the gentleman is absolutely right. The Obama administration took too long to move on this. Again, I, along with George Miller, requested the GAO study back in 2013. The results came in, in 2016. He is right. The first regulatory step didn't take place until January 2017, on the way out the door.

But we are 3 years into this administration, and they are not setting the world on fire in terms of addressing this issue. That panel, which you described, to call it a baby step is an overstatement. It is a baby crawl, in terms of this process. Again, we have seen the track record—22 years, 19 years, 17 years—to get a standard out.

Our healthcare workforce cannot wait that long. That is why H.R. 1309 should proceed without the Byrne amendment.

Madam Chair, I yield back the balance of my time.

Mr. BYRNE. Madam Chair, I yield myself the balance of my time.

I close by saying this. We need to do something. If we don't enact my amendment, we are going to end up doing nothing, and I think something is better than nothing.

Madam Chair, I yield back the balance of my time.

The CHAIR. The question is on the amendment offered by the gentleman from Alabama (Mr. BYRNE).

The question was taken; and the Chair announced that the yeas appeared to have it.

Mr. BYRNE. Madam Chair, I demand a recorded vote.

The CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentleman from Alabama will be postponed.

AMENDMENT NO. 4 OFFERED BY MR. HARDER OF CALIFORNIA

The CHAIR. It is now in order to consider amendment No. 4 printed in part B of House Report 116-302.

Mr. HARDER of California. Madam Chair, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 23, line 23, strike "and".  
Page 24, line 2, strike the period and insert a semicolon.

Page 24, after line 2, insert the following:  
(3) nothing in this Act shall be construed to limit or prevent health care workers, social service workers, and other personnel from reporting violent incidents to appropriate law enforcement.

The CHAIR. Pursuant to House Resolution 713, the gentleman from California (Mr. HARDER) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from California.

Mr. HARDER of California. Madam Chair, I yield myself such time as I may consume.

Madam Chair, my amendment is going to ensure that nothing in this act

shall be construed to limit or prevent healthcare workers from reporting violent incidents to appropriate law enforcement.

This is really critical because, obviously, this amendment is going to really put some new restrictions on workplace violence. It is so critical to ensure we do that. But we also want to make sure that there are safeguards in place to make sure that reporting is not only going to the law enforcement agencies but also around the rest of the community. That is why our amendment is so critical here.

Madam Chair, I reserve the balance of my time.

Ms. FOXX of North Carolina. Madam Chair, I claim the time in opposition, although I am not opposed to the amendment.

The CHAIR. Without objection, the gentlewoman from North Carolina is recognized for 5 minutes.

There was no objection.

Ms. FOXX of North Carolina. Madam Chair, this amendment underscores two obvious points: first, that healthcare and social service workers should be free to report workplace violence incidents to law enforcement; and second, that this bill was drafted poorly.

Such a commonsense provision should not need to be added to the underlying legislation. But in the Democrats' rush to force OSHA to promulgate workplace violence prevention standards, they are bypassing key elements of the established rulemaking process that would ensure a provision such as this amendment, if needed, is in the regulatory text.

H.R. 1309 circumvents the long-standing, established OSHA rulemaking process, which is intended to gather information on the underlying circumstances that may merit a health and safety regulation and to receive meaningful stakeholder input in order to create the most feasible and protective safety and health standard possible.

By dodging the established regulatory process, the Democrats are ignoring or unaware of many key issues like the ones addressed in this amendment.

Madam Chair, I will support the amendment, and I yield back the balance of my time.

Mr. HARDER of California. Madam Chair, I yield 1 minute to the gentleman from Connecticut (Mr. COURTNEY).

Mr. COURTNEY. Madam Chair, I thank the gentleman from California (Mr. HARDER) for yielding.

Again, I want to salute his amendment. For the record, there is no prohibition built into OSHA that you can't have dual jurisdiction, in terms of criminal investigations or prosecutions from injuries in any setting that OSHA covers. However, I still applaud the Member for just sort of foot-stomping this point to make sure that because so many of these incidents involve as-

sault, there is absolutely a clear signal that there is no hindrance or obstacle.

Again, for that purpose, I certainly strongly support the amendment and urge its adoption.

Mr. HARDER of California. Madam Chair, I yield back the balance of my time.

The CHAIR. The question is on the amendment offered by the gentleman from California (Mr. HARDER).

The question was taken; and the Chair announced that the ayes appeared to have it.

Mr. HARDER of California. Madam Chair, I demand a recorded vote.

The CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentleman from California will be postponed.

AMENDMENT NO. 5 OFFERED BY MR. LEVIN OF MICHIGAN

The CHAIR. It is now in order to consider amendment No. 5 printed in part B of House Report 116-302.

Mr. LEVIN of Michigan. Madam Chair, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 14, line 19, insert "anti-retaliation policies," after "response procedures,".

The CHAIR. Pursuant to House Resolution 713, the gentleman from Michigan (Mr. LEVIN) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Michigan.

Mr. LEVIN of Michigan. Madam Chair, my amendment ensures that our incredible healthcare and social service workers are aware that they are legally protected from retaliation by their employers.

I begin by thanking my colleague, Congressman JOE COURTNEY, for his hard work on this outstanding bill, and Chairman SCOTT for leading this issue and bringing the bill to the floor today.

Healthcare and social service workers are some of this country's most precious workers, taking care of us and our loved ones, sometimes under some of the most trying conditions imaginable.

H.R. 1309 will help protect these workers by requiring employers in the healthcare and social service sectors to develop workplace violence prevention plans. My amendment will require that mandatory violence prevention plan trainings include the critical information that these workers, when faced with any violent or unwanted behavior in the workplace, can safely report the incident without fear of retaliation.

Bureau of Labor Statistics data tell us that private-sector injury rates from workplace violence in healthcare and social service sectors increased 63 percent between 2006 and 2016, in just a decade. And due to underreporting, injury rates and workplace violence are widely assumed to be higher than the reported levels.

This is a huge problem for workers but also for those they care for, as vio-

lence in healthcare settings compromises quality of care. We cannot expect healthcare and social service workers to be able to deliver essential lifesaving services under the threat of violence and assault and fear of repercussions for reporting any incident that may occur.

The same goes for social service workers. A safe and violence-free workplace is essential to a functioning social service system that will help our communities thrive. We cannot expect workers to come forward with reports of violence if they fear retribution.

My straightforward amendment aims to ensure that healthcare and social service workers covered by this bill are aware of their right to come forward and report any incident of violence at work without fear of retribution.

Madam Chair, let me add that this is really personal for me. I don't want to reveal my age, but I started organizing healthcare workers for SEIU in 1983, and I remember my very first campaign at Shore Haven Nursing Home in Grand Haven, Michigan.

Some of the workers in the nursing home did face violence on the job, and they really had no way to handle it. So Mr. COURTNEY's bill, his leadership on this, is so essential for all the health and social service workers of the country.

Madam Chair, I urge my colleagues to support this amendment, and I reserve the balance of my time.

Ms. FOXX of North Carolina. Madam Chair, I rise in opposition to the amendment.

The CHAIR. The gentlewoman from North Carolina is recognized for 5 minutes.

Ms. FOXX of North Carolina. Madam Chair, this amendment is yet another example of Democrats assuming bad motives on the part of American employers and handcuffing them with additional, overly prescriptive micro-management from Washington.

The vast majority of employers in America follow the laws, take good care of their employees, respect their rights in the workplace, and do not need more red tape imposed on them. Yet this amendment adds additional requirements on America's small businesses without receiving any meaningful input from them or other stakeholders.

Democratic amendments, such as the one we are debating, do not change the basic fact that H.R. 1309 is already overly prescriptive and forecloses important input from knowledgeable stakeholders.

H.R. 1309 will require OSHA to enforce an interim final standard in healthcare and social service settings within a year. This legislation does not allow OSHA to consider important information, including the experience of California, which has a brand-new standard in place; the views of experts in the field; and the input of workers who have invaluable workplace experience. This data and evidence and the



views of stakeholders may very well not align with the bill's requirements.

Adopting H.R. 1309 discounts the complexity of the underlying issue and the importance of the knowledge and experience stakeholders can offer.

Madam Chair, I yield back the balance of my time.

Mr. LEVIN of Michigan. Madam Chair, I am sure we can all agree that retribution for people reporting violence in the workplace is something that is important, that people should not face retribution, that they should not fear reporting when they personally or their coworkers face violence on the job. So I hope that we will have broad support for this amendment.

Madam Chair, I yield back the balance of my time.

□ 1045

The CHAIR. The question is on the amendment offered by the gentleman from Michigan (Mr. LEVIN).

The amendment was agreed to.

Mr. COURTNEY. Madam Chair, I move that the Committee do now rise.

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. BROWN of Maryland) having assumed the chair, Ms. JACKSON LEE, Chair of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 1309) to direct the Secretary of Labor to issue an occupational safety and health standard that requires covered employers within the health care and social service industries to develop and implement a comprehensive workplace violence prevention plan, and for other purposes, had come to no resolution thereon.

#### SENATE ENROLLED BILLS SIGNED

The Speaker announced her signature to enrolled bills of the Senate of the following titles:

S. 1838.—An act to amend The Hong Kong Policy Act of 1992, and for other purposes.

S. 2710.—An act to prohibit the commercial export of covered munitions items to the Hong Kong Police Force.

#### WORKPLACE VIOLENCE PREVENTION FOR HEALTH CARE AND SOCIAL SERVICE WORKERS ACT

The SPEAKER pro tempore (Mr. BROWN of Maryland). Pursuant to House Resolution 713 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the further consideration of the bill, H.R. 1309.

Will the gentlewoman from Texas (Ms. JACKSON LEE) kindly resume the chair.

□ 1047

#### IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the further consideration of the bill (H.R.

1309) to direct the Secretary of Labor to issue an occupational safety and health standard that requires covered employers within the health care and social service industries to develop and implement a comprehensive workplace violence prevention plan, and for other purposes, with Ms. JACKSON LEE in the chair.

The Clerk read the title of the bill.

The CHAIR. When the Committee of the Whole rose earlier today, amendment No. 5 printed in part B of House Report 116-302 offered by the gentleman from Michigan (Mr. LEVIN) had been disposed of.

AMENDMENT NO. 6 OFFERED BY MR. GREEN OF TEXAS

The CHAIR. It is now in order to consider amendment No. 6 printed in part B of House Report 116-302.

Mr. GREEN of Texas. Madam Chair, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 22, line 5, after "(4)(C)." insert the following: "Not later than May 15 of each year, the Secretary shall provide to Congress a report containing statistical data with respect to, and a summary of, reports submitted to the Secretary under this paragraph. The contents of the report of the Secretary shall not disclose any confidential information."

The CHAIR. Pursuant to House Resolution 713, the gentleman from Texas (Mr. GREEN) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Texas.

Mr. GREEN of Texas. Madam Chair, I am proud to be a sponsor of H.R. 1309 for a multiplicity of reasons, and I thank Mr. COURTNEY for introducing this legislation.

Madam Chair, I am proud to tell you also that within my congressional district in Houston, Texas, we have the largest medical center in the world.

Madam Chair, annually, the Houston Medical Center encounters 10 million patients. The Houston Medical Center also, Madam Chair, has 106,000 employees. The Houston Medical Center is 17 times larger than the average city in the United States of America.

We understand the scope of this problem, and there is a problem. But, sometimes, problems are not best explained with statistical information. Sometimes, the words of people can make the difference in understanding a problem.

I have within my hand a letter from the National Nurses United organization. Hear now their words:

Violence on the job has become endemic for RNs and other workers in healthcare and social assistance settings. Nurses report being punched, kicked, bitten, beaten, and threatened with violence as they provide care to others. Far too many have experienced stabbing and shootings.

Madam Chair, the evidence is overwhelming. We do have a problem. To understand the scope of the problem, you have to have some intelligence ac-

corded some repository so that it can be properly assessed. The Secretary of Labor will be the repository. We will get the information to the Secretary.

But this is not enough, to merely have the Secretary of Labor have the sense of what the scope is. The buck stops with Congress. Congress needs to know the scope of the problem. If changes are necessary and not being made, the buck stops with us. We will have to encounter this, and we will have to take up our duty, responsibility, and obligation to provide the proper legislation.

With this understanding, we have filed amendment No. 6. This amendment understands that the Secretary will receive the information, and then this amendment would require the Secretary to annually report to Congress so that Congress will have the transparency that the Secretary has so that Congress may take appropriate action when necessary. Understanding the scope of the problem helps you understand the scope of a necessary solution, if there is one.

Madam Chair, I reserve the balance of my time.

Ms. FOXX of North Carolina. I claim the time in opposition, Madam Chair.

The CHAIR. The gentlewoman from North Carolina is recognized for 5 minutes.

Ms. FOXX of North Carolina. Madam Chair, it is very disturbing to me as a citizen of this country, to hear the talk about increasing incidents of violence. We know that is occurring all over our country, everywhere. However, this bill is not going to respond to the underlying causes of that increased violence, and neither will this amendment.

This amendment ignores the fundamental reason that employers maintain good recordkeeping. It allows employers to review their internal procedures and determine how to improve their safety culture. While it is very important for facilities to keep accurate records of incidents, responses to incidents, and annual data, providing this information annually to OSHA will not result in greater safety benefits.

Requiring the Secretary of Labor to provide this data to Congress goes yet another ill-advised step further. Employers utilize these records to improve internal management processes in order to protect their workplace. However, if they must submit these reports to OSHA, which will, in turn, provide them to Congress, this will discourage the use of these records to make improvements, as the employer has no guarantee the records will not be released by OSHA either intentionally or unintentionally.

Workplace violence records must be maintained and protected onsite as they contain personal employee information as well as patient-client information. An OSHA inspector would still have the right to review the records upon inspection of the facility.

Again, this amendment's provisions and the underlying recordkeeping and

reporting provisions in H.R. 1309 should be thoroughly vetted and discussed during a true rulemaking process and should not be mandated by Congress. We definitely should be looking at the underlying reasons that workplace violence is increasing, and neither this bill nor this amendment will have any impact on that.

Madam Chair, I yield back the balance of my time.

Mr. GREEN of Texas. Madam Chair, may I inquire what time is remaining.

The CHAIR. The gentleman from Texas has 2 minutes remaining.

Mr. GREEN of Texas. Madam Chair, the gentlewoman from North Carolina and I are very dear friends, and I have great respect for her. In fact, I have a deep, abiding affinity for her humanity.

But, today, I am reminded of the words of Ruth Smeltzer. Ruth Smeltzer reminds us that:

Some measure their lives by days and years. Others by heartthrobs, passions, and tears; But the surest measure under the Sun, Is what in your lifetime for others you have done.

Madam Chair, this day provides us an opportunity to do something for others who are in harm's way, who are caregivers, and who are doing what they can to provide the kind of healthcare services that we need. They do it at great risk. We are the people who can minimize that risk. It is our responsibility to do for others what we would have others do for us. If I were a healthcare worker, I would want Congress to take this kind of appropriate action to protect me.

I also would remind my colleagues that if we do nothing, at some point, we will find people reluctant to go into this area of endeavor. Who wants to go to work with the fear of being harmed?

I love my dear lady from North Carolina, but we respectfully disagree. The buck stops here.

Madam Chair, I yield back the balance of my time.

The CHAIR. The question is on the amendment offered by the gentleman from Texas (Mr. GREEN).

The amendment was agreed to.

AMENDMENT NO. 7 OFFERED BY MR. BROWN OF MARYLAND

The CHAIR. It is now in order to consider amendment No. 7 printed in part B of House Report 116-302.

Mr. BROWN of Maryland. Madam Chair, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 15, after line 7, insert the following:

(D) Additional training shall be provided for each such covered employee whose job circumstances require working with victims of torture, trafficking, or domestic violence.

Page 15, line 8, redesignate subparagraph (D) as subparagraph (E).

Page 15, line 11, redesignate subparagraph (E) as subparagraph (F).

Page 15, line 15, redesignate subparagraph (F) as subparagraph (G).

Page 15, line 23, redesignate subparagraph (G) as subparagraph (H).

The CHAIR. Pursuant to House Resolution 713, the gentleman from Maryland (Mr. BROWN) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Maryland.

Mr. BROWN of Maryland. Madam Chair, I yield myself such time as I may consume.

Madam Chair, I want first to recognize the hard work of my colleague from Connecticut, Congressman JOE COURTNEY, on the underlying bill and for making workplace safety a priority.

Workplace violence is a serious problem and occurs more often than we may realize. According to the Occupational Safety and Health Administration, incidents of serious workplace violence were 12 times higher among healthcare and social service workers, and 70 percent of nonfatal workplace assaults occurred in the healthcare and social assistance sectors.

Nurses, physicians, emergency responders, medical assistance, and social workers care for our families in our times of need, and violence against them has reached epidemic proportions.

The range of patients, clients, and demands these workers encounter on any given day can expose them to occupational risks with little training on what they should do if those interactions turn violent.

With uneven Federal enforcement, States are leading the way to address this issue, establishing a process for recording, responding to, and tracking incidents of workplace violence and requiring regular workplace violence prevention training.

Similarly, the underlying bill addresses training needs for employees who may be exposed to workplace violence, hazards, and risks. However, each situation is not always the same. Not all circumstances and patients are the same. We must adjust our training to reflect all communities and situations that professionals may face on the job.

My amendment ensures additional training for employees who work with victims of torture, human trafficking, and domestic violence. As a result of trauma, many survivors develop emotional and mental health problems that require timely, comprehensive, and compassionate treatment, even if the situation involved physical or psychological assaults.

□ 1100

These factors necessitate a different approach from our medical professionals and must be a part of workplace violence trainings, particularly in healthcare settings.

Proper training on best practices like de-escalation can help ensure the safety of both the patient and the healthcare worker. In doing so, we can prevent further trauma that could be detrimental to the survivors' recovery.

I have long been a champion for survivors of abuse and will continue to do so. Safe work environments and quality care are mutually reinforcing; both must be considered in order to promote positive outcomes for patients in our communities.

I strongly encourage my colleagues to support this amendment and the underlying legislation, and I reserve the balance of my time.

Ms. FOXX of North Carolina. Madam Chair, I seek time in opposition to the amendment.

The CHAIR. The gentlewoman from North Carolina is recognized for 5 minutes.

Ms. FOXX of North Carolina. Madam Chair, while the amendment is well-intentioned, there are Federal agencies other than OSHA that would be better equipped to handle this type of regulatory requirement for the education of healthcare workers who work with the individuals identified in the amendment.

The question of whether employer education programs governed by OSHA are appropriate to address the objectives of the amendment should be thoroughly vetted and discussed during the rulemaking process before decisions impacting employers are made.

Unfortunately, H.R. 1309 bypasses the opportunities for that conversation to take place, such as a small business panel and public hearings, and this amendment does nothing to change that.

A question of additional education for specific employees is exactly the kind of issue that should be addressed by receiving feedback from affected stakeholders in the rulemaking process, but this opportunity is foreclosed by H.R. 1309.

Amendments like the one we are debating don't change the fact that H.R. 1309 fails to allow for the development of a feasible and effective workplace violence prevention standard.

Madam Chair, I yield back the balance of my time.

Mr. BROWN of Maryland. Madam Chair, I yield the balance of my time to the gentleman from Connecticut (Mr. COURTNEY).

Mr. COURTNEY. Madam Chair, again I rise in strong support of Mr. BROWN's amendment, which I think makes a good bill even better and does focus on one of the causes, which, again, it is no big secret in terms of what is driving this upward trajectory.

Domestic violence, in particular, is one of those types of cases that are coming through the emergency room doors—agitated patients, sometimes family members there—and that is where, again, we know nurses, nursing assistants, and docs are being subjected to unprecedented levels of assault.

That is why the Emergency Room Nurses Association just issued an endorsement of H.R. 1309. Again, this is a trade association. This is a union-affiliated organization. They represent emergency room nurses all across

America in union and nonunion settings.

We have already heard earlier today that the emergency room docs have come out for this.

Again, what Mr. BROWN's measure does is focus on one of the causes that is causing the unprecedented and unacceptable levels of assault that are taking place in healthcare settings.

I just want to close by saying my wife, Audrey, whom I have been married to for 30 years, is a pediatric nurse practitioner who works in a specialty clinic at Connecticut Children's Hospital that deals with victims of child sexual abuse and physical abuse, and that is precisely the type of patient that Mr. BROWN's amendment is focused on.

Again, if you want to talk about high tension, high-risk environment in terms of those types of cases that come through, which, again, is causing unprecedented incidents out there, this amendment helps those employees to make sure that they are going to be able to deal with these cases and continue to go on and be productive in the healthcare system.

So, again, I want to thank Mr. BROWN for offering this amendment.

Mr. BROWN of Maryland. Madam Chair, I yield back the balance of my time.

The CHAIR. The question is on the amendment offered by the gentleman from Maryland (Mr. BROWN).

The amendment was agreed to.

AMENDMENT NO. 8 OFFERED MS. GARCIA OF TEXAS

The CHAIR. It is now in order to consider amendment No. 8 printed in part B of House Report 116-302.

Ms. GARCIA of Texas. Madam Chair, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 22, line 16, redesignate paragraph (7) as paragraph (8).

Page 22, after line 15, insert the following:

(7) PLAN UPDATES.—Each covered employer shall incorporate changes to the Plan, in a manner consistent with paragraph (1)(A)(i) and based on findings from the most recent annual evaluation conducted under paragraph (6), as appropriate.

The CHAIR. Pursuant to House Resolution 713, the gentlewoman from Texas (Ms. GARCIA) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Texas.

Ms. GARCIA of Texas. Madam Chair, I am proud to cosponsor H.R. 1309, introduced by my colleague, Congressman JOE COURTNEY.

This bill requires the Secretary of Labor to develop a comprehensive workplace safety and health standard. Ultimately, this legislation will protect the millions of workers in the healthcare and social service industries by implementing a violence prevention plan.

Prevention plans and training are critical tools to mitigate dangerous

situations if and when violent emergencies occur in the workplace. Clear and effective plans that address violence prevention benefit both the workers and their patients or clients; and violence prevention plans catered to the respective industries, using evidence-based practices, are even more effective.

In the healthcare and social service industries especially, workplace safety reforms are much-needed.

Social workers, like healthcare workers, are particularly vulnerable and susceptible to instances of workplace violence. Workers in both of these professions interact daily with people struggling with mental health, addiction, and/or recovering from trauma.

Madam Chair, let me just tell you, personally, that I have been impacted by this. I am a former social worker. I will tell this quick story.

I went to make a home visit. I was a geriatric social worker at the time. It was in a house, a shutdown house right down Lyons and Jensen.

I believe, Madam Chair, that is in your district now.

I knocked on the door, and to my surprise and shock and fear, a little old lady—she was probably about 85 or 90—comes out with a gun pointing right at my face, pointing right at my face.

That is not what a social worker expects when they are coming to visit a home to make plans for a home healthcare aide, which is what I was doing.

But she thought that I was there to take a child away from her that she had in her home and that I was a child welfare worker, so she was defending her son. Actually, it was a street child.

I had to convince her with every persuasive part of my body that I was not there to take her child, that I was actually there to help her and give her a home health aide to help her in her home. And quite miraculously, I talked her out of it, and I actually got her to put the gun away.

Now, I was lucky, but, regrettably, those things may still be happening out there in America: a social worker facing a gun, a social worker facing violence, a social worker facing harm or injury to herself or others.

So that is what this bill is about. It is not about what the employers will or will not do; it is about the protection of the workers and making sure that the employers do have plans, much like they do for hurricanes, that they have plans for violence.

So all employees, regardless of the line of work, deserve to feel safe and not feel the fear that I did that day and to be protected from violence in their workplaces.

They also deserve to have peace of mind that an informed violence prevention plan is in place. With that in mind, I am proud to offer an amendment to an already excellent bill.

My amendment would ensure that annual evaluations of violence preven-

tion plans include changes based on informed findings by employers. Employers can use their personal experiences or lessons learned to effectively update the violence prevention plan in their mandatory annual plan reviews.

Simply put, the goal of this amendment is to enhance the participation and protection of covered employers and employees in the creation of updating their annual plans. This is a commonsense amendment intended to implement best practices.

Employer input, along with employee input, will create the best violence prevention plans possible. It will also help industries update their prevention plans, as needed, to cater to that specific industry's needs.

Madam Chair, I urge my colleagues to support the amendment, and I reserve the balance of my time.

Ms. FOXX of North Carolina. Madam Chair, I rise in opposition to the amendment.

The CHAIR. The gentlewoman from North Carolina is recognized for 5 minutes.

Ms. FOXX of North Carolina. First, Madam Chair, I would like to express my condolences to our colleague for the situation that she found herself in with the person she was trying to help. No one wants to be in that kind of situation, and I am very sorry that it has happened.

But this amendment is just another example that H.R. 1309 was poorly drafted, rushed, and not well thought out. The provisions and requirements relating to the details of maintaining a workplace violence prevention plan should be thoroughly vetted during the rulemaking process.

In the established rulemaking process, stakeholders can comment on what provisions should be included in the final standard. This allows for robust evaluation of what provisions ultimately help create the most feasible and protective safety and health standard possible.

We all share in the common goal of preventing workplace violence in healthcare and social service settings. We need to trust that the rulemaking process will result in the most protective standard possible.

Healthcare professionals deserve the right to comment on a highly complex and new standard. This amendment does not address the underlying concerns with the bill.

Democrat amendments to the bill, such as the one we are debating, do not change these basic facts. This bill is unworkable in its current form, and this amendment doesn't change the fact that H.R. 1309 fails to allow for the development of a workable, effective, and feasible workplace violence prevention standard.

Madam Chair, I yield back the balance of my time.

Ms. GARCIA of Texas. Madam Chair, I accept the condolences, but, fortunately for me, I was under threat but did not die. Regrettably, that situation

may happen again and someone may die, and that is what I just want to underscore is that social workers, healthcare workers, all social service workers are put in danger many times.

This bill and this amendment would simply make sure that we got participation and input from the employers, the employees, and everyone concerned to make sure that we have a good plan and that we use best practices, because, regrettably, not much seems to have changed since the days when I was a social worker.

Madam Chair, I yield back the balance of my time.

The CHAIR. The question is on the amendment offered by the gentlewoman from Texas (Ms. GARCIA).

The amendment was agreed to.

AMENDMENT NO. 9 OFFERED BY MS. WEXTON

The CHAIR. It is now in order to consider amendment No. 9 printed in part B of House Report 116-302.

Ms. WEXTON. Madam Chair, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 23, line 23, strike “and”.

Page 24, line 2, strike the period and insert a semicolon.

Page 24, after line 2, insert the following:

(3) nothing in this Act shall be construed to limit or diminish any protections in relevant Federal, State, or local law related to—

(A) domestic violence;

(B) stalking;

(C) dating violence; and

(D) sexual assault.

The CHAIR. Pursuant to House Resolution 713, the gentlewoman from Virginia (Ms. WEXTON) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Virginia.

Ms. WEXTON. Madam Chair, I thank the gentleman from Connecticut (Mr. COURTNEY) for introducing this important bipartisan legislation.

My amendment to H.R. 1309 is a clarifying amendment to ensure that nothing in this act shall be construed to limit or diminish any existing protections in relevant Federal, State, or local law related to domestic violence, stalking, dating violence, or sexual assault.

According to a 2016 OSHA report, approximately 75 percent of the nearly 25,000 workplace assaults reported each year occur in healthcare and social service settings, and workers in healthcare settings are four times more likely to be assaulted at work than workers in other sectors.

These cases have led to psychological trauma, not only for the victim, but also for those who have witnessed these attacks, as well as serious injury and even death.

□ 1115

With workplace violence on the rise, it is vital that Congress address this issue to ensure the safety of workers, and that is why this bill is so important.

While most incidents of workplace violence fit the definition of simple assault, a study by the Joint Commission showed that sexual assault, rape, and stalking are not uncommon. Approximately 38 States include rape, sexual assault, and stalking in their definition of domestic violence.

My amendment makes it clear that nothing in the underlying legislation preempts or diminishes these protections in any way.

According to the Bureau of Labor Statistics, less than 30 percent of U.S. workplaces have a formal program or policy that addresses workplace violence, and 7 out of 10 workplaces do not have formal domestic violence programs or policy. That means that more than 70 percent of U.S. workplaces have inadequate protections against workplace violence.

Innova Health Systems, one of the major healthcare providers in Northern Virginia, recently conducted a survey at their hospital in my district on the incidence and cost of nurse workplace violence perpetrated by hospital patients or patient visitors. The results showed that 75 percent of nurses experienced violence within the past year, with emergency nurses experiencing significantly greater number of incidents. Nurses reported many barriers to reporting these incidents, including unclear reporting policies, fear of retaliation, and the disheartening perception that violence just comes with the job.

These statistics show that the current voluntary efforts to prevent workplace violence are not working. The results of the Innova survey highlight a real need for effective training and clear, convenient reporting programs and environments that support workers who are experiencing violence. This bill seeks to address this need.

As a former domestic violence prosecutor, I have seen firsthand how laws protect and provide valuable resources to the more than 12 million individuals who are survivors of violent crime. I offer this amendment to ensure that it is abundantly clear that workplace violence prevention plans developed under this bill complement existing legal protections against domestic violence and sexual assault and in no way diminishes or limit those protections.

It is crucial that our laws at the State, Federal, and local levels continue to help and support victims of domestic violence, stalking, dating violence, and sexual assault, which is precisely what my amendment does.

I urge my colleagues to support this amendment, and I reserve the balance of my time.

Ms. FOXX of North Carolina. Madam Chair, I rise in opposition to the amendment, although I am not opposed to it.

The CHAIR. Without objection, the gentlewoman from North Carolina is recognized for 5 minutes.

There was no objection.

Ms. FOXX of North Carolina. Madam Chair, this amendment is yet another

well-intentioned addition to a flawed bill. A provision this obvious should have been included in the underlying text, but Democrats are unnecessarily rushing through this legislation even though OSHA is working on a rule-making.

What other seemingly obvious provisions or considerations are left out of the bill that are not being offered as amendments today? And which mandates included in the bill are unworkable, costly and ill-advised? These questions are exactly why the established regulatory process solicits necessary feedback from stakeholders and the public.

H.R. 1309 circumvents a longstanding established OSHA rulemaking process, which is intended to research thoroughly the underlying circumstances and gather meaningful stakeholder input in order to create the most feasible and protective safety and health standards possible.

By dodging the established regulatory process, H.R. 1309 will miss key issues like the ones addressed in this amendment. This bill is unworkable in its current form, and Democrat amendments don't change the fact that H.R. 1309 fails to allow for the development of a workable, effective, and feasible workplace violence prevention standard.

Madam Chair, I yield back the balance of my time.

Ms. WEXTON. Madam Chair, I simply request that my colleagues support this underlying amendment and the underlying bill. I yield back the balance of my time.

The CHAIR. The question is on the amendment offered by the gentlewoman from Virginia (Ms. WEXTON).

The question was taken; and the Chair announced that the noes appeared to have it.

Ms. WEXTON. Madam Chair, I demand a recorded vote.

The CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentlewoman from Virginia will be postponed.

AMENDMENT NO. 10 OFFERED BY MR. DELGADO

The CHAIR. It is now in order to consider amendment No. 10 printed in part B of House Report 116-302.

Mr. DELGADO. Madam Chair, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 2, line 13, strike “and”.

Page 2, line 20, strike the period and insert “; and”.

Page 2, after line 20, insert the following:

(C) that provides for a period determined appropriate by the Secretary, not to exceed 1 year, during which the Secretary shall prioritize technical assistance and advice consistent with section 21(d) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 670(d)) to employers subject to the standard with respect to compliance with the standard.

The CHAIR. Pursuant to House Resolution 713, the gentleman from New

York (Mr. DELGADO) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from New York.

Mr. DELGADO. Madam Chair, I yield myself such time as I may consume.

I want to first thank my colleague, Congressman COURTNEY, for his leadership on this bill, the Workplace Violence Prevention for Health Care and Social Service Workers Act. This is long overdue legislation to protect our Nation's caregivers, including nurses and physicians and many others who dedicate their lives to healing.

Workplace violence is far too common in facilities that are supposed to be places of rehabilitation, treatment, and therapy. Last year the Bureau of Labor Statistics found that healthcare and social service workers were over four times as likely to suffer a serious injury from workplace violence than workers in other sectors.

The legislation we are considering today would make an important improvement in workplace safety by defining workplace violence as any act or threat of force against an employee that could result in physical injury, psychological trauma, or stress and ensure that OSHA and employers develop and implement comprehensive and workplace-specific plans to prevent such violence.

These plans will not only protect employees but also keep patients, visitors, and those in medical facilities out of harm's way. We all deserve to feel protected in hospitals and social service settings, and this bill would accomplish that.

However, to facilitate these plans, we need to work in partnership with employers and businesses to ensure that they have the proper resources and information to comply with these protection plans.

My amendment seeks to strengthen this legislation by prioritizing technical assistance for employers during the first year of the bill's implementation being enacted. This business-friendly amendment will work to ensure our employers are equipped with the tools to better protect their employees and prevent workplace violence.

I encourage my colleagues on both sides of the aisle to support our healthcare and social service facilities across the country and include my amendment to strengthen the underlying bill.

Let's stand with our Nation's employees and employers to make our workplaces safer for everyone.

Madam Chair, I reserve the balance of my time.

Ms. FOXX of North Carolina. Madam Chair, I rise in opposition to the amendment.

The CHAIR. The gentlewoman from North Carolina is recognized for 5 minutes.

Ms. FOXX of North Carolina. Madam Chair, this amendment is simply more window dressing on a flawed bill.

While technical assistance is welcome and appropriate, this amendment places an arbitrary time limit that is woefully insufficient to cope with the flawed rule, and there is no telling how short an unfriendly administration might allow this needed advice period to last.

Moreover, technical assistance after employers are subject to a rule in which they had no input is too little too late. Rather than amend a flawed bill by allowing the Department of Labor to help businesses after they are subject to a flawed rule, we should reject this bill and instead allow OSHA to pursue its established rulemaking process that provides ample opportunity for feedback from stakeholders and the public before they are subject to another Washington regulation.

Democrat amendments to the bill, such as the one we are debating, do not change the basic fact that H.R. 1309 is overly prescriptive and circumvents the established rulemaking process, failing to allow for the development of a workable, effective, and feasible workplace violence prevention standard.

This amendment should be defeated. Madam Chair, I yield back the balance of my time.

Mr. DELGADO. Madam Chair, I yield 1 minute to the gentleman from Connecticut (Mr. COURTNEY).

Mr. COURTNEY. Madam Chair, again, I want to congratulate Mr. DELGADO for his amendment.

And I want to point out the fact that when we voted on the rule yesterday, there was a self-effectuating provision that eliminated 500,000 healthcare workplaces from the scope of this bill. Again, it was at the suggestion of CBO because, frankly, it was never our intention to include doctors' offices, podiatrists' offices, dentists' offices. That is not what this bill is about. It is about larger healthcare facilities, which we know are the hotspots where this type of unfortunate activity goes on.

OSHA, just so you know, has a free consultation program for employers, 90 percent funded by OSHA in all 50 states, that will provide free assistance as new rules and regulations are rolled out.

And I want to again say, Mr. DELGADO's amendment, which just foot stomps the fact that we want to prioritize the flow of information is, in my opinion, a very benign request and very much sensitive to employers in facilities all across the country.

Again, we took care of the small guys in the rule yesterday, and this amendment, again, just makes sure that anyone else will have all the help that they need to understand the new rules.

Mr. DELGADO. Madam Chair, I just want to piggyback on that, if I may, and say, with over 27,000 small businesses in my district, it is a priority of mine. As somebody who is a part of the Small Business Committee, I take very seriously the ways in which our gov-

ernment is able to aid and not frustrate the workings of our local economy.

I would like to, once again, thank Congressman COURTNEY for introducing this critical legislation, and I urge Members on both sides of the aisle to support my amendment.

Madam Chair, I yield back the balance of my time.

The CHAIR. The question is on the amendment offered by the gentleman from New York (Mr. DELGADO).

The question was taken; and the Chair announced that the ayes appeared to have it.

Mr. DELGADO. Madam Chair, I demand a recorded vote.

The CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentleman from New York will be postponed.

#### ANNOUNCEMENT BY THE CHAIR

The CHAIR. Pursuant to clause 6 of rule XVIII, proceedings will now resume on those amendments printed in part B of House Report 116-302 on which further proceedings were postponed, in the following order:

Amendment No. 3 by Mr. BYRNE of Alabama.

Amendment No. 4 by Mr. HARDER of California.

Amendment No. 9 by Ms. WEXTON of Virginia.

Amendment No. 10 by Mr. DELGADO of New York.

The Chair will reduce to 2 minutes the minimum time for any electronic vote after the first vote in this series.

#### AMENDMENT NO. 3 OFFERED BY MR. BYRNE

The CHAIR. The unfinished business is the demand for a recorded vote on the amendment offered by the gentleman from Alabama (Mr. BYRNE) on which further proceedings were postponed and on which the noes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

#### RECORDED VOTE

The CHAIR. A recorded vote has been demanded.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 177, noes 238, not voting 21, as follows:

[Roll No. 637]

AYES—177

Abraham	Brooks (AL)	Crawford
Aderholt	Brooks (IN)	Crenshaw
Allen	Buchanan	Curtis
Amash	Buck	Davidson (OH)
Amodel	Bucshon	Davis, Rodney
Armstrong	Budd	DesJarlais
Arrington	Burchett	Diaz-Balart
Babin	Burgess	Duncan
Bacon	Byrne	Dunn
Baird	Calvert	Emmer
Balderson	Carter (GA)	Estes
Banks	Chabot	Ferguson
Barr	Cheney	Fleischmann
Bergman	Cline	Foxx (NC)
Billirakis	Cole	Fulcher
Bishop (NC)	Collins (GA)	Gaetz
Bishop (UT)	Comer	Gallagher
Bost	Conaway	Gianforte
Brady	Cook	Gibbs

Gohmert	Lesko	Rouzer	Pingree	Schneider	Titus	Burgess	Gosar	Maloney,
Gonzalez (OH)	Long	Rutherford	Plaskett	Schrader	Tonko	Bustos	Gottheimer	Carolyn B.
González-Colón	Loudermilk	Scalise	Pocan	Schrier	Torres (CA)	Butterfield	Granger	Maloney, Sean
(PR)	Lucas	Schweikert	Porter	Scott (VA)	Torres Small	Byrne	Graves (GA)	Marchant
Gooden	Luetkemeyer	Scott, Austin	Pressley	Scott, David	(NM)	Calvert	Graves (LA)	Marshall
Granger	Marchant	Sensenbrenner	Price (NC)	Sewell (AL)	Trahan	Carbajal	Graves (MO)	Mast
Graves (GA)	Marshall	Shimkus	Quigley	Shalala	Trone	Cardenas	Green (TN)	Matsui
Graves (LA)	Mast	Simpson	Raskin	Sherman	Underwood	Carson (IN)	Green, Al (TX)	McAdams
Graves (MO)	McAdams	Smith (MO)	Reed	Sherrill	Upton	Carter (GA)	Griffith	McBath
Grothman	McCarthy	Smith (NE)	Rice (NY)	Sires	Van Drew	Carter (TX)	Grijalva	McCarthy
Guest	McCauley	Smucker	Rose (NY)	Slotkin	Vargas	Cartwright	Grothman	McCauley
Guthrie	McClintock	Spano	Rouda	Smith (NJ)	Veasey	Case	Guest	McClintock
Hagedorn	McHenry	Steil	Roy	Smith (WA)	Vela	Casten (IL)	Guthrie	McCollum
Harris	McKinley	Steube	Roybal-Allard	Soto	Velázquez	Castor (FL)	Haaland	McGovern
Hern, Kevin	Meadows	Stewart	Ruiz	Spanberger	Visclosky	Castro (TX)	McHenry	McHenry
Herrera Beutler	Meuser	Stewart	Ruppersberger	Speier	Wasserman	Chabot	Harder (CA)	McKinley
Hice (GA)	Miller	Taylor	Rush	Stanton	Schultz	Cheney	Harris	McNerney
Higgins (LA)	Mitchell	Thompson (PA)	Ryan	Stauber	Waters	Chu, Judy	Hartzel	Meadows
Hill (AR)	Moolenaar	Thornberry	Sablan	Stefanik	Watson Coleman	Cicilline	Hastings	Meeks
Holding	Mooney (WV)	Tipton	San Nicolas	Stevens	Welch	Cisneros	Hayes	Meng
Hollingsworth	Mullin	Turner	Sánchez	Suozzi	Wexton	Clark (MA)	Heck	Meuser
Hudson	Murphy (NC)	Wagner	Sarbanes	Swalwell (CA)	Wild	Clarke (NY)	Miller	Miller
Huizenga	Newhouse	Walberg	Scanlon	Takano	Wilson (FL)	Clay	Hern, Kevin	Mitchell
Hunter	Norman	Walden	Schakowsky	Thompson (CA)	Yarmuth	Cleaver	Herrera Beutler	Moolenaar
Hurd (TX)	Nunes	Walker	Schiff	Thompson (MS)	Young	Cline	Hice (GA)	Mooney (WV)
Johnson (LA)	Olson	Walorski				Cloud	Higgins (LA)	Morelle
Johnson (OH)	Palazzo	Waltz				Clyburn	Higgins (NY)	Mucarsel-Powell
Johnson (SD)	Palmer	Watkins	Aguilar	Fudge	Radewagen	Cohen	Hill (AR)	Mullin
Jordan	Pence	Weber (TX)	Bishop (GA)	Gabbard	Reschenthaler	Cole	Himes	Murphy (FL)
Joyce (OH)	Perry	Webster (FL)	Cárdenas	Griffith	Richmond	Collins (GA)	Holding	Murphy (NC)
Joyce (PA)	Posey	Wenstrup	Carter (TX)	Huffman	Serrano	Comer	Hollingsworth	Nadler
Keller	Ratcliffe	Westerman	Cooper	Lewis	Stivers	Conaway	Horn, Kendra S.	Napolitano
Kelly (MS)	Rice (SC)	Williams	Evans	McEachin	Timmons	Connolly	Horsford	Neal
Kelly (PA)	Riggleman	Wilson (SC)	Flores	Moulton	Tlaib	Cook	Houlahan	Neguse
King (NY)	Roby	Wittman				Correa	Hoyer	Newhouse
Kinzing	Rodgers (WA)	Womack				Costa	Hudson	Norcross
Kustoff (TN)	Roe, David P.	Woodall				Courtney	Huizenga	Norman
LaHood	Rogers (AL)	Wright				Cox (CA)	Hurd (TX)	Norton
LaMalfa	Rogers (KY)	Yoho				Craig	Jackson Lee	Nunes
Lamborn	Rooney (FL)	Zeldin				Crawford	Jayapal	O'Halleran
Latta	Rose, John W.					Crenshaw	Jeffries	Ocasio-Cortez

## NOES—238

Adams	DeSaulnier	Kirkpatrick
Allred	Deutch	Krishnamoorthi
Axne	Dingell	Kuster (NH)
Barragán	Doggett	Lamb
Bass	Doyle, Michael F.	Langevin
Beatty	Engel	Larsen (WA)
Bera	Escobar	Larson (CT)
Beyer	Eshoo	Lawrence
Biggs	Españillat	Lawson (FL)
Blumenauer	Finkenauer	Lee (CA)
Blunt Rochester	Fitzpatrick	Lee (NV)
Bonamici	Fletcher	Levin (CA)
Boyle, Brendan F.	Fortenberry	Levin (MI)
Brindisi	Foster	Lieu, Ted
Brown (MD)	Frankel	Lipinski
Brownley (CA)	Gallego	Loeb sack
Bustos	Garamendi	Lofgren
Butterfield	Garcia (IL)	Lowenthal
Carbajal	Garcia (TX)	Lowe y
Carson (IN)	Golden	Luján
Cartwright	Gomez	Luria
Case	Gonzalez (TX)	Lynch
Casten (IL)	Gosar	Malinowski
Castor (FL)	Gottheimer	Maloney,
Castro (TX)	Green (TN)	Carolyn B.
Chu, Judy	Green, Al (TX)	Maloney, Sean
Cicilline	Haaland	Mas sie
Cisneros	Harder (CA)	Matsui
Clark (MA)	Hartzel	McBath
Clarke (NY)	Hastings	McCollum
Clay	Hayes	McGovern
Cleaver	Heck	McNerney
Cloud	Higgins (NY)	Meeks
Clyburn	Himes	Meng
Cohen	Horn, Kendra S.	Moore
Connolly	Horsford	Morelle
Correa	Houlahan	Mucarsel-Powell
Costa	Hoyer	Murphy (FL)
Courtney	Jackson Lee	Nadler
Cox (CA)	Kelly (IL)	Napolitano
Craig	Kennedy	Neal
Crist	Khanna	Neguse
Crow	Kilmer	Norcross
Cuellar	Kind	Norton
Cunningham	King (IA)	O'Halleran
Davis (CA)	King (NY)	Ocasio-Cortez
Davis, Danny K.	Kinzing	Om ar
Dean	Kirkpatrick	Pallone
DeFazio	Krishnamoorthi	Panetta
DeGette	Kuster (NH)	Pappas
DeLauro	Kustoff (TN)	Pascarell
DelBene	LaHood	Payne
Delgado	LaMalfa	Perlmutter
Demings	Lamb	Peters
	Lamborn	Peterson
	Langevin	Phillips
	Larsen (WA)	
	Larson (CT)	
	Latta	
	Lawrence	
	Lawson (FL)	
	Lee (CA)	
	Lee (NV)	
	Lesko	
	Levin (CA)	
	Levin (MI)	
	Lieu, Ted	
	Lipinski	
	Loeb sack	
	Lofgren	
	Long	
	Loudermilk	
	Lowenthal	
	Lowe y	
	Lucas	
	Luetkemeyer	
	Luján	
	Luria	
	Lynch	
	Malinowski	

## NOT VOTING—21

□ 1156

Mr. DOGGETT, Ms. PLASKETT, Messrs. GOSAR, O'HALLERAN, Mrs. KIRKPATRICK, Messrs. VAN DREW, CARSON of Indiana, STANTON, SCHRADER, LAWSON of Florida, and ROSE of New York changed their vote from "aye" to "no."

Mr. WALDEN and Miss GONZÁLEZ-COLÓN of Puerto Rico changed their vote from "no" to "aye."

So the amendment was rejected.

The result of the vote was announced as above recorded.

## AMENDMENT NO. 4 OFFERED BY MR. HARDER OF CALIFORNIA

The CHAIR. The unfinished business is the demand for a recorded vote on the amendment offered by the gentleman from California (Mr. HARDER) on which further proceedings were postponed and on which the ayes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

## RECORDED VOTE

The CHAIR. A recorded vote has been demanded.

A recorded vote was ordered.

The CHAIR. This will be a 2-minute vote.

The vote was taken by electronic device, and there were—ayes 414, noes 1, not voting 21, as follows:

[Roll No. 638]

## AYES—414

Abraham	Banks	Bost
Adams	Barr	Boyle, Brendan F.
Aderholt	Barragán	Brady
Allen	Bass	Brindisi
Allred	Bera	Brooks (AL)
Amash	Bergman	Brooks (IN)
Amodei	Beyer	Brown (MD)
Armstrong	Biggs	Brownley (CA)
Arrington	Billirakis	Buchanan
Axne	Bishop (NC)	Buck
Babin	Bishop (UT)	Bucshon
Bacon	Blumenauer	Budd
Baird	Blunt Rochester	Burchett
Balderson	Bonamici	



Scott, Austin	Swalwell (CA)	Walker	Carter (GA)	Griffith	McCaul	Sires	Thornberry	Wasserman
Scott, David	Takano	Walorski	Carter (TX)	Grijalva	McClintock	Slotkin	Tipton	Schultz
Sensenbrenner	Taylor	Waltz	Cartwright	Grothman	McCollum	Titus	Titus	Waters
Sewell (AL)	Thompson (CA)	Wasserman	Casten (IL)	Guest	McGovern	Smith (MO)	Tlaib	Watkins
Shalala	Thompson (MS)	Schultz	Castor (FL)	Guthrie	McHenry	Smith (NE)	Tonko	Watson Coleman
Sherman	Thompson (PA)	Waters	Castro (TX)	Haaland	McKinley	Smith (WA)	Torres (CA)	Weber (TX)
Sherrill	Thornberry	Watkins	Chabot	Hagedorn	McNerney	Smucker	Torres Small	Webster (FL)
Shimkus	Tipton	Watson Coleman	Cheney	Harder (CA)	Meadows	Soto	(NM)	Welch
Simpson	Titus	Weber (TX)	Chu, Judy	Harris	Meeks	Spanberger	Trahan	Wenstrup
Sires	Tlaib	Webster (FL)	Cicilline	Hartzler	Meng	Spano	Trone	Westerman
Slotkin	Tonko	Welch	Cisneros	Hastings	Meuser	Speier	Turner	Wexton
Smith (MO)	Torres (CA)	Wenstrup	Clark (MA)	Hayes	Miller	Stanton	Underwood	Wild
Smith (NE)	Torres Small	Westerman	Clarke (NY)	Heck	Mitchell	Stauber	Upton	Williams
Smith (NJ)	(NM)	Wexton	Clay	Hern, Kevin	Moolenaar	Stefanik	Van Drew	Wilson (FL)
Smith (WA)	Trahan	Wild	Cleaver	Herrera Beutler	Mooney (WV)	Steil	Vargas	Wilson (SC)
Smucker	Trone	Williams	Cline	Hice (GA)	Morelle	Steube	Veasey	Wittman
Soto	Turner	Wilson (FL)	Cloud	Higgins (LA)	Mucarsel-Powell	Stevens	Vela	Womack
Spanberger	Underwood	Wilson (SC)	Clyburn	Higgins (NY)	Mullin	Stewart	Velázquez	Woodall
Spano	Upton	Wittman	Cohen	Hill (AR)	Murphy (FL)	Suozi	Visclosky	Wright
Speier	Van Drew	Womack	Cole	Himes	Murphy (NC)	Swalwell (CA)	Wagner	Yarmuth
Stanton	Vargas	Woodall	Collins (GA)	Holding	Nadler	Takano	Walberg	Yoho
Stauber	Veasey	Wright	Comer	Hollingsworth	Napolitano	Taylor	Walden	Young
Stefanik	Vela	Yarmuth	Conaway	Horn, Kendra S.	Neal	Thompson (CA)	Walker	Zeldin
Steil	Velázquez	Yoho	Connolly	Horsford	Neguse	Thompson (MS)	Walorski	
Steube	Visclosky	Young	Cook	Houlihan	Newhouse	Thompson (PA)	Waltz	
Stevens	Wagner	Zeldin	Correa	Hoyer	Norcross			
Stewart	Walberg		Costa	Huizenga	Norman			
Suozi	Walden		Courtney	Hunter	Norton			
			Cox (CA)	Hurd (TX)	Nunes			
			Craig	Jackson Lee	O'Halleran			
			Crawford	Jayapal	Ocasio-Cortez			
			Crenshaw	Jeffries	Olson			
			Crist	Johnson (GA)	Omar			
			Crow	Johnson (LA)	Palazzo			
			Cuellar	Johnson (OH)	Pallone			
			Cunningham	Johnson (SD)	Palmer			
			Curtis	Johnson (TX)	Panetta			
			Davids (KS)	Jordan	Pappas			
			Davidson (OH)	Joyce (OH)	Pascarell			
			Davis (CA)	Joyce (PA)	Payne			
			Davis, Danny K.	Kaptur	Pence			
			Davis, Rodney	Katko	Perlmutter			
			Dean	Keating	Perry			
			DeFazio	Keller	Peters			
			DeGette	Kelly (IL)	Peterson			
			DeLauro	Kelly (MS)	Phillips			
			DelBene	Kelly (PA)	Pingree			
			Delgado	Kennedy	Plaskett			
			Demings	Khanna	Pocan			
			DeSaulnier	Kildee	Porter			
			DesJarlais	Kilmer	Posey			
			Deutch	Kim	Pressley			
			Diaz-Balart	Kind	Price (NC)			
			Dingell	King (IA)	Quigley			
			Doggett	King (NY)	Raskin			
			Doyle, Michael F.	Kinzinger	Ratcliffe			
			Duncan	Kirkpatrick	Reed			
			Dunn	Krishnamoorthi	Rice (NY)			
			Emmer	Kuster (NH)	Rice (SC)			
			Engel	Kustoff (TN)	Riggleman			
			Escobar	LaHood	Roby			
			Eshoo	LaMalfa	Rodgers (WA)			
			Espallat	Lamb	Roe, David P.			
			Estes	Lamborn	Rogers (AL)			
			Ferguson	Langevin	Rogers (KY)			
			Finkenauer	Larsen (WA)	Rooney (FL)			
			Fitzpatrick	Larson (CT)	Rose (NY)			
			Fleischmann	Latta	Rose, John W.			
			Fletcher	Lawrence	Rouda			
			Fortenberry	Lawson (FL)	Rouzer			
			Foster	Lee (CA)	Roy			
			Foxx (NC)	Lee (NV)	Roybal-Allard			
			Frankel	Lesko	Ruiz			
			Fulcher	Levin (CA)	Ruppersberger			
			Gaetz	Levin (MI)	Rush			
			Gallagher	Lieu, Ted	Rutherford			
			Galleo	Lipinski	Ryan			
			Garamendi	Loeb sack	Sablan			
			Garcia (IL)	Lofgren	San Nicolas			
			Garcia (TX)	Long	Sánchez			
			Gianforte	Loudermilk	Sarbanes			
				Lowenthal	Scalise			
				Lowe	Scanlon			
				Lucas	Schakowsky			
				Luetkemeyer	Schiff			
				Luján	Schneider			
				Luria	Schrader			
				Lynch	Schrier			
				Malinowski	Schweikert			
				Maloney, Carolyn B.	Scott (VA)			
				Maloney, Sean	Scott, Austin			
				Marchant	Scott, David			
				Marshall	Sensenbrenner			
				Mast	Sewell (AL)			
				Matsui	Shalala			
				McAdams	Sherman			
				McBath	Sherrill			
				McCarthy	Shimkus			
					Simpson			

## NOES—1

Massie

## NOT VOTING—21

Aguilar	Gabbard	Omar
Beatty	Gonzalez (TX)	Radewagen
Bishop (GA)	Huffman	Reschenthaler
Cooper	Lewis	Richmond
Evans	McEachin	Serrano
Flores	Moore	Stivers
Fudge	Moulton	Timmons

## ANNOUNCEMENT BY THE CHAIR

The CHAIR (during the vote). There is 1 minute remaining.

## □ 1202

So the amendment was agreed to.

The result of the vote was announced as above recorded.

## AMENDMENT NO. 9 OFFERED BY MS. WEXTON

The CHAIR. The unfinished business is the demand for a recorded vote on the amendment offered by the gentleman from Virginia (Ms. WEXTON) on which further proceedings were postponed and on which the noes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

## RECORDED VOTE

The CHAIR. A recorded vote has been demanded.

A recorded vote was ordered.

The CHAIR. This will be a 2-minute vote.

The vote was taken by electronic device, and there were—ayes 415, noes 1, not voting 20, as follows:

[Roll No. 639]

## AYES—415

Abraham	Bass	Brooks (AL)
Adams	Beatty	Brooks (IN)
Aderholt	Bera	Brown (MD)
Allen	Bergman	Brownley (CA)
Allred	Beyer	Buchanan
Amash	Biggs	Buck
Amodei	Bilirakis	Bucshon
Armstrong	Bishop (NC)	Budd
Arrington	Bishop (UT)	Burchett
Axne	Blumenauer	Burgess
Babin	Blunt Rochester	Bustos
Bacon	Bonamici	Butterfield
Baird	Bost	Byrne
Balderson	Boyle, Brendan	Calvert
Banks	F.	Carbajal
Barr	Brady	Cárdenas
Barragán	Brindisi	Carson (IN)

Carter (GA)	Griffith	McCaul	Sires	Thornberry	Wasserman
Carter (TX)	Grijalva	McClintock	Slotkin	Tipton	Schultz
Cartwright	Grothman	McCollum	Titus	Titus	Waters
Casten (IL)	Guest	McGovern	Smith (MO)	Tlaib	Watkins
Castor (FL)	Guthrie	McHenry	Smith (NE)	Tonko	Watson Coleman
Castro (TX)	Haaland	McKinley	Smith (WA)	Torres (CA)	Weber (TX)
Chabot	Hagedorn	McNerney	Smucker	Torres Small	Webster (FL)
Cheney	Harder (CA)	Meadows	Soto	(NM)	Welch
Chu, Judy	Harris	Meeks	Spanberger	Trahan	Wenstrup
Cicilline	Hartzler	Meng	Spano	Trone	Westerman
Cisneros	Hastings	Meuser	Speier	Turner	Wexton
Clark (MA)	Hayes	Miller	Stanton	Underwood	Wild
Clarke (NY)	Heck	Mitchell	Stauber	Upton	Williams
Clay	Hern, Kevin	Moolenaar	Stefanik	Van Drew	Wilson (FL)
Cleaver	Herrera Beutler	Mooney (WV)	Steil	Vargas	Wilson (SC)
Cline	Hice (GA)	Morelle	Steube	Veasey	Wittman
Cloud	Higgins (LA)	Mucarsel-Powell	Stevens	Vela	Womack
Clyburn	Higgins (NY)	Mullin	Stewart	Velázquez	Woodall
Cohen	Hill (AR)	Murphy (FL)	Suozi	Visclosky	Wright
Cole	Himes	Murphy (NC)	Swalwell (CA)	Wagner	Yarmuth
Collins (GA)	Holding	Nadler	Takano	Walberg	Yoho
Comer	Hollingsworth	Napolitano	Taylor	Walden	Young
Conaway	Horn, Kendra S.	Neal	Thompson (CA)	Walker	Zeldin
Connolly	Horsford	Neguse	Thompson (MS)	Walorski	
Cook	Houlihan	Newhouse	Thompson (PA)	Waltz	
Correa	Hoyer	Norcross			
Costa	Huizenga	Norman			
Courtney	Hunter	Norton			
Cox (CA)	Hurd (TX)	Nunes			
Craig	Jackson Lee	O'Halleran			
Crawford	Jayapal	Ocasio-Cortez			
Crenshaw	Jeffries	Olson			
Crist	Johnson (GA)	Omar			
Crow	Johnson (LA)	Palazzo			
Cuellar	Johnson (OH)	Pallone			
Cunningham	Johnson (SD)	Palmer			
Curtis	Johnson (TX)	Panetta			
Davids (KS)	Jordan	Pappas			
Davidson (OH)	Joyce (OH)	Pascarell			
Davis (CA)	Joyce (PA)	Payne			
Davis, Danny K.	Kaptur	Pence			
Davis, Rodney	Katko	Perlmutter			
Dean	Keating	Perry			
DeFazio	Keller	Peters			
DeGette	Kelly (IL)	Peterson			
DeLauro	Kelly (MS)	Phillips			
DelBene	Kelly (PA)	Pingree			
Delgado	Kennedy	Plaskett			
Demings	Khanna	Pocan			
DeSaulnier	Kildee	Porter			
DesJarlais	Kilmer	Posey			
Deutch	Kim	Pressley			
Diaz-Balart	Kind	Price (NC)			
Dingell	King (IA)	Quigley			
Doggett	King (NY)	Raskin			
Doyle, Michael F.	Kinzinger	Ratcliffe			
Duncan	Kirkpatrick	Reed			
Dunn	Krishnamoorthi	Rice (NY)			
Emmer	Kuster (NH)	Rice (SC)			
Engel	Kustoff (TN)	Riggleman			
Escobar	LaHood	Roby			
Eshoo	LaMalfa	Rodgers (WA)			
Espallat	Lamb	Roe, David P.			
Estes	Lamborn	Rogers (AL)			
Ferguson	Langevin	Rogers (KY)			
Finkenauer	Larsen (WA)	Rooney (FL)			
Fitzpatrick	Larson (CT)	Rose (NY)			
Fleischmann	Latta	Rose, John W.			
Fletcher	Lawrence	Rouda			
Fortenberry	Lawson (FL)	Rouzer			
Foster	Lee (CA)	Roy			
Foxx (NC)	Lee (NV)	Roybal-Allard			
Frankel	Lesko	Ruiz			
Fulcher	Levin (CA)	Ruppersberger			
Gaetz	Levin (MI)	Rush			
Gallagher	Lieu, Ted	Rutherford			
Galleo	Lipinski	Ryan			
Garamendi	Loeb sack	Sablan			
Garcia (IL)	Lofgren	San Nicolas			
Garcia (TX)	Long	Sánchez			
Gianforte	Loudermilk	Sarbanes			
	Lowenthal	Scalise			
	Lowe	Scanlon			
	Lucas	Schakowsky			
	Luetkemeyer	Schiff			
	Luján	Schneider			
	Luria	Schrader			
	Lynch	Schrier			
	Malinowski	Schweikert			
	Maloney, Carolyn B.	Scott (VA)			
	Maloney, Sean	Scott, Austin			
	Marchant	Scott, David			
	Marshall	Sensenbrenner			
	Mast	Sewell (AL)			
	Matsui	Shalala			
	McAdams	Sherman			
	McBath	Sherrill			
	McCarthy	Shimkus			
		Simpson			

## NOES—1

Massie

## NOT VOTING—20

Aguilar	Gabbard	Radewagen
Bishop (GA)	Hudson	Reschenthaler
Case	Huffman	Richmond
Cooper	Lewis	Serrano
Evans	McEachin	Stivers
Flores	Moore	Timmons
Fudge	Moulton	

## □ 1208

So the amendment was agreed to.

The result of the vote was announced as above recorded.

## AMENDMENT NO. 10 OFFERED BY MR. DELGADO

The CHAIR. The unfinished business is the demand for a recorded vote on the amendment offered by the gentleman from New York (Mr. DELGADO) on which further proceedings were postponed and on which the ayes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

## RECORDED VOTE

The CHAIR. A recorded vote has been demanded.

A recorded vote was ordered.

Gallego  
Garamendi  
Garcia (IL)  
Garcia (TX)  
Golden  
Gomez  
Gonzalez (TX)  
Gottheimer  
Graves (LA)  
Green, Al (TX)  
Grijalva  
Grothman  
Haaland  
Harder (CA)  
Hartzler  
Hastings  
Hayes  
Heck  
Herrera Beutler  
Higgins (NY)  
Himes  
Hollingsworth  
Horn, Kendra S.  
Horsford  
Houlahan  
Hoyer  
Hurd (TX)  
Jackson Lee  
Jayapal  
Jeffries  
Johnson (GA)  
Johnson (TX)  
Joyce (OH)  
Kaptur  
Katko  
Keating  
Kelly (IL)  
Kennedy  
Khanna  
Kildee  
Kilmer  
Kim  
Kind  
Kirkpatrick  
Krishnamoorthi  
Kuster (NH)  
Lamb  
Langevin  
Larsen (WA)  
Larson (CT)  
Lawrence  
Lawson (FL)  
Lee (CA)  
Lee (NV)  
Levin (CA)  
Levin (MI)  
Lieu, Ted  
Lipinski

Loebach  
Lofgren  
Lowenthal  
Lowey  
Lujan  
Luria  
Lynch  
Malinowski  
Maloney,  
Carolyn B.  
Maloney, Sean  
Matsui  
McAdams  
McBath  
McCollum  
McGovern  
McNerney  
Meeks  
Meng  
Morelle  
Mucarsel-Powell  
Murphy (FL)  
Nadler  
Napolitano  
Neal  
Neguse  
Norcross  
Norton  
O'Halleran  
Ocasio-Cortez  
Omar  
Pallone  
Panetta  
Pappas  
Pascrell  
Payne  
Perlmutter  
Peters  
Peterson  
Phillips  
Pingree  
Plaskett  
Pocan  
Porter  
Pressley  
Price (NC)  
Quigley  
Raskin  
Reed  
Rice (NY)  
Rose (NY)  
Rouda  
Roybal-Allard  
Ruiz  
Ruppersberger  
Rush  
Ryan  
Sablan

San Nicolas  
Sánchez  
Sarbanes  
Scanlon  
Schakowsky  
Schiff  
Schneider  
Schrader  
Schrier  
Scott (VA)  
Scott, David  
Sewell (AL)  
Shalala  
Sherman  
Sherrill  
Sires  
Slotkin  
Smith (NJ)  
Smith (WA)  
Soto  
Spanberger  
Speier  
Stanton  
Stauber  
Stefanik  
Stevens  
Suozi  
Swalwell (CA)  
Takano  
Thompson (CA)  
Thompson (MS)  
Titus  
Tlaib  
Tonko  
Torres (CA)  
Torres Small  
(NM)  
Trahan  
Trone  
Underwood  
Upton  
Van Drew  
Vargas  
Veasey  
Vela  
Velázquez  
Visclosky  
Wasserman  
Schultz  
Waters  
Watson Coleman  
Welch  
Wexton  
Wild  
Wilson (FL)  
Yarmuth

Newhouse  
Norman  
Nunes  
Olson  
Palazzo  
Palmer  
Pence  
Perry  
Posey  
Ratcliffe  
Rice (SC)  
Riggleman  
Roby  
Rodgers (WA)  
Roe, David P.  
Rogers (AL)  
Rogers (KY)  
Rooney (FL)  
Rose, John W.  
Rouzer

Roy  
Rutherford  
Scalise  
Schweikert  
Scott, Austin  
Sensenbrenner  
Shimkus  
Simpson  
Smith (MO)  
Smith (NE)  
Smucker  
Spano  
Steil  
Steube  
Stewart  
Taylor  
Thompson (PA)  
Thornberry  
Tipton  
Turner

Wagner  
Walberg  
Walden  
Walker  
Walorski  
Waltz  
Watkins  
Weber (TX)  
Webster (FL)  
Wenstrup  
Westerman  
Williams  
Wilson (SC)  
Wittman  
Womack  
Woodall  
Wright  
Yoho  
Young  
Zeldin

## NOT VOTING—18

Aguilar  
Bishop (GA)  
Cooper  
Evans  
Flores  
Fudge

Gabbard  
Huffman  
Lewis  
McEachin  
Moore  
Moulton

Radewagen  
Reschenthaler  
Richmond  
Serrano  
Stivers  
Timmons

## ANNOUNCEMENT BY THE CHAIR

The CHAIR (during the vote). There is 1 minute remaining.

□ 1214

So the amendment was agreed to.

The result of the vote was announced as above recorded.

The Acting CHAIR (Mr. PAYNE). There being no further amendments under the rule, the Committee rises.

Accordingly, the Committee rose; and the Speaker pro tempore (Ms. JACKSON LEE) having assumed the chair, Mr. PAYNE, Acting Chair of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 1309) to direct the Secretary of Labor to issue an occupational safety and health standard that requires covered employers within the health care and social service industries to develop and implement a comprehensive workplace violence prevention plan, and for other purposes, and, pursuant to House Resolution 713, he reported the bill, as amended by that resolution, back to the House with sundry further amendments adopted in the Committee of the Whole.

The SPEAKER pro tempore. Under the rule, the previous question is ordered.

Is a separate vote demanded on any further amendment reported from the Committee of the Whole? If not, the Chair will put them en gros.

The amendments were agreed to.

The SPEAKER pro tempore. The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

## MOTION TO RECOMMIT

Mr. KELLY of Pennsylvania. Madam Speaker, I have a motion to recommit at the desk.

The SPEAKER pro tempore. Is the gentleman opposed to the bill?

Mr. KELLY of Pennsylvania. I am in its current form.

Mr. COURTNEY. Madam Speaker, I reserve a point of order.

The SPEAKER pro tempore. A point of order is reserved.

The Clerk will report the motion to recommit.

The Clerk read as follows:

Mr. Kelly of Pennsylvania moves to recommit the bill H.R. 1309 to the Committee on Education and Labor with instructions to report the same back to the House forthwith, with the following amendment:

Add at the end the following:

## TITLE III—SENSE OF CONGRESS

## SEC. 301. SENSE OF CONGRESS.

It is the sense of the Congress that the current House majority has failed to deliver results for the American people on critical issues facing our Nation by prioritizing impeachment of the President over working with the administration and Republicans in Congress to enact policies such as the following:

(1) An Act implementing the United States-Mexico-Canada Trade Agreement.

(2) The National Defense Authorization Act for fiscal year 2020.

(3) The Department of Defense Appropriations Act for fiscal year 2020.

(4) Legislation to secure operational control of the southern border.

(5) Bipartisan legislation to lower prescription drug prices.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Pennsylvania is recognized for 5 minutes in support of his motion.

Mr. KELLY of Pennsylvania. Madam Speaker, as we get ready to leave the House today and go home for Thanksgiving, I think it has been alarming that, as we read the newspapers, as we listen, we find that so many families are not going to be celebrating Thanksgiving together because of the political divide that is taking place, not only here on the floor of the people's House, but in our homes.

It is incredible to me that we have allowed our political rhetoric to divide not only Republicans and Democrats on the floor, but also our families back home. This has never happened before in the Speaker's House. We should never have this happening on the floor.

Now, look, I know that we have differences of opinions. The relentless pursuit to delegitimize the election of Donald Trump has taken over any activity that should be taking place on the floor of the people's House.

Madam Speaker, as we stand here in the House, on the floor of the people's House, and we get ready to depart for Thanksgiving celebration, it is hard to imagine what it is that this majority has in mind when it comes to legislation because we are not doing legislation. We have concentrated on impeachment.

Now, I would ask all Members to recommit, and recommit for the purposes that the American people elected us: to do legislation that makes sense, to do legislation that is long overdue, to do legislation that is critical, to do legislation that makes sense for every single American.

I appeal to you, not as a Republican, but as an American.

Have we left this floor and decided that we can no longer work together? Because the American people are drawing that conclusion.

## NOES—176

Abraham  
Aderholt  
Allen  
Amash  
Amodei  
Armstrong  
Arrington  
Babin  
Baird  
Balderson  
Banks  
Barr  
Bergman  
Biggs  
Bilirakis  
Bishop (NC)  
Bishop (UT)  
Brady  
Brooks (AL)  
Brooks (IN)  
Buchanan  
Buck  
Bucshon  
Budd  
Burchett  
Burgess  
Byrne  
Calvert  
Carter (GA)  
Carter (TX)  
Chabot  
Cheney  
Cline  
Cloud  
Cole  
Collins (GA)  
Comer  
Conaway  
Cook

Crawford  
Crenshaw  
Curtis  
DesJarlais  
Diaz-Balart  
Duncan  
Dunn  
Emmer  
Estes  
Ferguson  
Fleischmann  
Foxx (NC)  
Fulcher  
Gaetz  
Gallagher  
Gianforte  
Gibbs  
Gohmert  
Gonzalez (OH)  
González-Colón  
(PR)  
Gooden  
Gosar  
Granger  
Graves (GA)  
Graves (MO)  
Green (TN)  
Griffith  
Guest  
Guthrie  
Hagedorn  
Harris  
Hern, Kevin  
Hice (GA)  
Higgins (LA)  
Hill (AR)  
Holding  
Hudson  
Huizenga

Hunter  
Johnson (LA)  
Johnson (OH)  
Johnson (SD)  
Jordan  
Joyce (PA)  
Keller  
Kelly (MS)  
Kelly (PA)  
King (IA)  
King (NY)  
Kinzinger  
Kustoff (TN)  
LaHood  
LaMalfa  
Lamborn  
Latta  
Lesko  
Long  
Loudermilk  
Lucas  
Luetkemeyer  
Marchant  
Marshall  
Massie  
Mast  
McCarthy  
McCaull  
McClintock  
McHenry  
McKinley  
Meadows  
Meuser  
Miller  
Mitchell  
Moolenaar  
Mooney (WV)  
Mullin  
Murphy (NC)

And when I go home, they say to me: Can't you all agree on anything?

And I say: Yes, we can.

Madam Speaker, we have wasted precious time and millions of hardworking American taxpayer dollars on a pursuit of an effort to impeach a President of the United States. We have done nothing to legislate and to act in the best interest of every American.

I would ask again that we look at what we are doing as Americans and not as Republicans or Democrats, because the people back home can't understand why it is that they sent us here to do what we are not doing today. Why? Why are we not doing it?

Madam Speaker, at some point, I would hope and pray that the greatest nation the world has ever known, the defenders of liberty and freedom all over the world, could take a look and see what we are doing right now and ask: What is the message we are sending to the rest of the world?

Really? America is caught up in an effort to impeach the duly elected President of the United States? And why? Because we have been so consumed with hate that we can no longer see straight.

Look, why are we not passing the United States-Mexico-Canada trade agreement, which is a jobs bill?

Why are we not passing the National Defense Authorization Act for fiscal year 2020, which is critical to our safety?

Why are we not passing the Department of Defense Appropriations Act?

Madam Speaker, I appreciate you, but I am going to ask my colleagues to please extend to me the same respect that I extend to you.

The SPEAKER pro tempore. Members are reminded to address their remarks to the Chair.

Mr. KELLY of Pennsylvania. I would, Madam Speaker, but I don't think the other side is interested in hearing what I have to say.

Madam Speaker, we also have not passed the Department of Defense Appropriations Act. Can you believe we are that irresponsible?

Legislation to secure operational control of our southern border, we are not doing that.

And we are not doing bipartisan legislation to lower prescription drug prices and handle surprise billings and preexisting conditions.

Why are we not doing those things that are the most important things to our citizens back home?

I would ask that we look into what we are doing and if we are doing it strictly for political purposes and in a power grab. That is not why the American people sent us here. That is not why the majority on the floor of the House changed during the last election.

But now people are seeing exactly what happens when the majority switches up, and when I go home, people ask me: Why aren't you doing something about what is happening in Congress today?

I say: You know what. That was America's choice, not ours. When we are in the majority, we are able to govern.

Madam Speaker, I would like to sincerely wish all of our colleagues a happy Thanksgiving. God bless America.

I yield back the balance of my time.

#### POINT OF ORDER

Mr. COURTNEY. Madam Speaker, I insist on my point of order.

The SPEAKER pro tempore. The gentleman is recognized on his point of order.

Mr. COURTNEY. Madam Speaker, on behalf of America's nurses, doctors, and social workers who are begging for relief from unprecedented levels of workplace violence, I insist upon my point of order. The motion violates clause 7 of rule XVI, the germaneness rule.

The SPEAKER pro tempore. Does any Member wish to be heard on the point of order?

If not, the Chair is prepared to rule.

The gentleman from Connecticut makes a point of order that the instructions proposed in the motion to recommit offered by the gentleman from Pennsylvania are not germane.

Clause 7 of rule XVI, the germaneness rule, provides that no proposition on a subject different from that under consideration shall be admitted under color of amendment.

The bill addresses Department of Labor standards for workplace violence prevention and Medicare eligibility based on those standards. The instructions in the motion express the sense of Congress with respect to the prioritization of certain legislative items.

The amendment proposed in the motion to recommit addresses a different subject matter than the subject matter of workplace violence prevention as addressed by the underlying bill. Accordingly, the Chair finds that the instructions propose an amendment that is not confined to the subject matter of the underlying bill. The amendment is not germane and the point of order is sustained.

Mr. KELLY of Pennsylvania. Madam Speaker, I appeal the ruling of the Chair.

The SPEAKER pro tempore. The question is, Shall the decision of the Chair stand as the judgment of the House?

#### MOTION TO TABLE

Mr. HOYER. Madam Speaker, I have a motion at the desk.

The SPEAKER pro tempore. The Clerk will report the motion.

The Clerk read as follows:

Mr. HOYER moves to lay the appeal on the table.

The SPEAKER pro tempore. The question is on the motion to table.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

#### RECORDED VOTE

Mr. KELLY of Pennsylvania. Madam Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. Pursuant to clause 9 of rule XX, this 5-minute vote on the motion to table will be followed by a 5-minute vote on passage of the bill, if arising without further proceedings in recommittal.

The vote was taken by electronic device, and there were—ayes 222, noes 188, not voting 20, as follows:

[Roll No. 641]

#### AYES—222

Adams	Gonzalez (TX)	Panetta
Allred	Gottheimer	Pappas
Amash	Green, Al (TX)	Pascarell
Axne	Grijalva	Payne
Barragán	Haaland	Perlmutter
Bass	Harder (CA)	Peters
Beatty	Hastings	Peterson
Bera	Hayes	Phillips
Beyer	Heck	Pingree
Blumenauer	Higgins (NY)	Pocan
Blunt Rochester	Himes	Porter
Bonamici	Horn, Kendra S.	Pressley
Boyle, Brendan	Horsford	Price (NC)
F.	Houlihan	Quigley
Brindisi	Hoyer	Raskin
Brown (MD)	Jackson Lee	Rice (NY)
Brownley (CA)	Jayapal	Rose (NY)
Bustos	Jeffries	Rouda
Butterfield	Johnson (GA)	Roy
Carbajal	Johnson (TX)	Roybal-Allard
Cárdenas	Kaptur	Ruiz
Carson (IN)	Keating	Ruppersberger
Cartwright	Kelly (IL)	Rush
Case	Kennedy	Ryan
Casten (IL)	Khanna	Sánchez
Castor (FL)	Kildee	Sarbanes
Castro (TX)	Kilmer	Scanlon
Chu, Judy	Kim	Schakowsky
Cicilline	Kind	Schiff
Cisneros	Kirkpatrick	Schneider
Clark (MA)	Krishnamoorthi	Schrader
Clarke (NY)	Kuster (NH)	Schrier
Clay	Lamb	Scott (VA)
Cleaver	Langevin	Scott, David
Clyburn	Larsen (WA)	Sewell (AL)
Cohen	Larson (CT)	Shalala
Connolly	Lawrence	Sherman
Correa	Lawson (FL)	Sherrill
Costa	Lee (CA)	Sires
Courtney	Lee (NV)	Slotkin
Cox (CA)	Levin (CA)	Smith (WA)
Craig	Levin (MI)	Soto
Crist	Lieu, Ted	Spanberger
Crow	Lipinski	Speier
Cuellar	Loeb	Stanton
Cunningham	Loeb	Stevens
Davids (KS)	Loftgren	Suozy
Davis (CA)	Lowenthal	Swalwell (CA)
Davis, Danny K.	Lowe	Takano
Dean	Lujan	Thompson (CA)
DeFazio	Luria	Thompson (MS)
DeGette	Lynch	Titus
DeLauro	Malinowski	Tlaib
DelBene	Maloney,	Tonko
Delgado	Carolyn B.	Torres (CA)
Demings	Maloney, Sean	Torres Small
DeSaulnier	Massie	(NM)
Deutch	Matsui	Trahan
Dingell	McAdams	Trone
Doggett	McBath	Underwood
Doyle, Michael	McCollum	Van Drew
F.	McGovern	Vargas
Engel	McNerney	Veasey
Escobar	Meeks	Vela
Eshoo	Meng	Velázquez
Espallat	Morelle	Vislosky
Finkenauer	Mucarsel-Powell	Wasserman
Fletcher	Murphy (FL)	Schultz
Foster	Nadler	Waters
Frankel	Napolitano	Watson Coleman
Galleo	Neal	Welch
Garamendi	Neguse	Wexton
Garcia (IL)	Norcross	Wild
Garcia (TX)	O'Halleran	Wilson (FL)
Golden	Ocasio-Cortez	Yarmuth
Gomez	Omar	
	Pallone	

#### NOES—188

Abraham	Arrington	Banks
Aderholt	Babin	Barr
Allen	Bacon	Bergman
Amodei	Baird	Biggs
Armstrong	Balderson	Bilirakis

Bishop (NC)	Hagedorn	Pence	[Roll No. 642]	Carter (GA)	Hudson	Ratcliffe
Bishop (UT)	Harris	Perry		Carter (TX)	Huizenga	Rice (SC)
Bost	Hartzler	Posey	AYES—251	Chabot	Hunter	Riggleman
Brady	Hern, Kevin	Ratcliffe		Cheney	Johnson (LA)	Roby
Brooks (AL)	Herrera Beutler	Reed		Cline	Johnson (OH)	Rogers (AL)
Brooks (IN)	Hice (GA)	Rice (SC)		Cloud	Johnson (SD)	Rogers (KY)
Buchanan	Higgins (LA)	Roby		Collins (GA)	Jordan	Rooney (FL)
Buck	Hill (AR)	Rodgers (WA)		Comer	Joyce (PA)	Rose, John W.
Bucshon	Holding	Roe, David P.		Conaway	Keller	Rouzer
Budd	Hollingsworth	Rogers (AL)		Crawford	Kelly (MS)	Roy
Burchett	Hudson	Rogers (KY)		Curtis	Kelly (PA)	Rutherford
Burgess	Huizenga	Rooney (FL)		Davidson (OH)	King (IA)	Scalise
Calvert	Hunter	Rose, John W.		DesJarlais	Kinzing	Schweikert
Carter (GA)	Hurd (TX)	Rouzer		Diaz-Balart	Kustoff (TN)	Scott, Austin
Carter (TX)	Johnson (LA)	Rutherford		Duncan	LaHood	Sensenbrenner
Chabot	Johnson (OH)	Scalise		Dunn	LaMalfa	Shimkus
Cheney	Johnson (SD)	Schweikert		Emmer	Lamborn	Simpson
Cline	Jordan	Scott, Austin		Estes	Latta	Smith (MO)
Cloud	Joyce (OH)	Sensenbrenner		Ferguson	Long	Smith (NE)
Cole	Joyce (PA)	Shimkus		Fleischmann	Loudermilk	Smucker
Collins (GA)	Keller	Simpson		Foxx (NC)	Lucas	Spano
Comer	Kelly (MS)	Smith (MO)		Fulcher	Luetkemeyer	Steil
Conaway	Kelly (PA)	Smith (NE)		Gaetz	Marshall	Steube
Cook	King (IA)	Smith (NJ)		Gallagher	Massie	Stewart
Crawford	King (NY)	Smucker		Gianforte	Mast	Taylor
Crenshaw	Kinzing	Spano		Gibbs	McCarthy	Thompson (PA)
Curtis	Kustoff (TN)	Staubert		Gohmert	McCauley	Thornberry
Davidson (OH)	LaHood	Stefanik		Gonzalez (OH)	McClintock	Turner
Davis, Rodney	LaMalfa	Steil		Gooden	McHenry	Wagner
DesJarlais	Lamborn	Steube		Granger	Meadows	Walberg
Diaz-Balart	Latta	Stewart		Graves (GA)	Meuser	Walberg
Duncan	Lesko	Taylor		Graves (MO)	Miller	Walker
Dunn	Long	Thompson (PA)		Green (TN)	Mitchell	Walorski
Emmer	Loudermilk	Thornberry		Griffith	Moolenaar	Waltz
Estes	Lucas	Tipton		Grothman	Mooney (WV)	Weber (TX)
Ferguson	Luetkemeyer	Turner		Guest	Mullin	Webster (FL)
Fitzpatrick	Marchant	Upton		Guthrie	Murphy (NC)	Wenstrup
Fleischmann	Marshall	Wagner		Hagedorn	Norman	Westerman
Fortenberry	Mast	Walberg		Harris	Nunes	Williams
Foxx (NC)	McCarthy	Walden		Hern, Kevin	Olson	Wilson (SC)
Fulcher	McCauley	Walker		Hice (GA)	Palazzo	Wittman
Gaetz	McClintock	Walorski		Higgins (LA)	Palmer	Womack
Gallagher	McHenry	Waltz		Hill (AR)	Pence	Woodall
Gianforte	McKinley	Watkins		Holding	Perry	Wright
Gibbs	Meadows	Weber (TX)		Hollingsworth	Posey	Yoho
Gohmert	Meuser	Webster (FL)				
Gonzalez (OH)	Miller	Wenstrup				
Gooden	Mitchell	Westerman				
Gosar	Moolenaar	Williams				
Granger	Mooney (WV)	Wilson (SC)				
Graves (GA)	Mullin	Wittman				
Graves (LA)	Murphy (NC)	Womack				
Graves (MO)	Newhouse	Woodall				
Green (TN)	Norman	Wright				
Griffith	Nunes	Yoho				
Grothman	Olson	Young				
Guest	Palazzo	Zeldin				
Guthrie	Palmer					

## NOT VOTING—20

Aguilar	Gabbard	Reschenthaler
Bishop (GA)	Huffman	Richmond
Byrne	Katko	Riggleman
Cooper	Lewis	Serrano
Evans	McEachin	Stivers
Flores	Moore	Timmons
Fudge	Moulton	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE  
The SPEAKER pro tempore (during the vote). There are 2 minutes remaining.

□ 1235

So the motion to table was agreed to.  
The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

## RECORDED VOTE

Ms. FOXX of North Carolina. Madam Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This is a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 251, noes 158, not voting 21, as follows:

Adams	Gottheimer	Pappas
Allred	Graves (LA)	Pascarell
Axne	Green, Al (TX)	Payne
Bacon	Grijalva	Perlmutter
Barragán	Haaland	Peters
Bass	Harder (CA)	Peterson
Beatty	Hartzler	Phillips
Bera	Hastings	Pingree
Beyer	Hayes	Pocan
Blumenauer	Heck	Porter
Blunt Rochester	Herrera Beutler	Pressley
Bonamici	Higgins (NY)	Price (NC)
Bost	Himes	Quigley
Boyle, Brendan F.	Horn, Kendra S.	Raskin
Brindisi	Horsford	Reed
Brooks (IN)	Houlahan	Rice (NY)
Brown (MD)	Hoyer	Rodgers (WA)
Brownley (CA)	Hurd (TX)	Roe, David P.
Bucshon	Jackson Lee	Rose (NY)
Burgess	Jayapal	Rouda
Bustos	Jeffries	Roybal-Allard
Butterfield	Johnson (GA)	Ruiz
Carbajal	Johnson (TX)	Ruppersberger
Cárdenas	Joyce (OH)	Rush
Carden (IN)	Kaptur	Ryan
Cartwright	Katko	Sánchez
Case	Keating	Sarbanes
Casten (IL)	Kelly (IL)	Scanlon
Castor (FL)	Kennedy	Schakowsky
Castro (TX)	Khanna	Schiff
Chu, Judy	Kildee	Schneider
Ciulline	Kilmer	Schrader
Cisneros	Kim	Schrier
Clark (MA)	Kind	Scott (VA)
Clarke (NY)	King (NY)	Scott, David
Clay	Kirkpatrick	Sewell (AL)
Cleaver	Kristnamoorthi	Shalala
Clyburn	Kuster (NH)	Sherman
Cohen	Lamb	Sherrill
Cole	Langevin	Sires
Cole	Larsen (WA)	Slotkin
Connolly	Larson (CT)	Smith (NJ)
Cook	Lawrence	Smith (WA)
Correa	Lawson (FL)	Soto
Costa	Lee (CA)	Spanberger
Courtney	Lee (NV)	Speier
Cox (CA)	Lesko	Stanton
Craig	Levin (CA)	Staubert
Crist	Levin (MI)	Stefanik
Crow	Lieu, Ted	Stevens
Cuellar	Lipinski	Suozi
Cunningham	Loeb sack	Swalwell (CA)
Davids (KS)	Lofgren	Takano
Davis (CA)	Lowenthal	Thompson (CA)
Davis, Danny K.	Lowe	Thompson (MS)
Davis, Rodney	Luján	Tipton
Dean	Luria	Titus
DeFazio	Lynch	Tlaib
DeGette	Malinowski	Tonko
DeLauro	Maloney,	Torres (CA)
DelBene	Carolyn B.	Torres Small (NM)
Delgado	Maloney, Sean	Trahan
Demings	Marchant	Trone
DeSaulnier	Matsui	Underwood
Deutch	McAdams	Upton
Dingell	McBath	Van Drew
Doggett	McCollum	Vargas
Doyle, Michael F.	McGovern	Veasey
Engel	McKinley	Vela
Escobar	McNerney	Velázquez
Eshoo	Meeks	Visclosky
Españillat	Meng	Walden
Finkenaue	Morelle	Wasserman
Fitzpatrick	Mucarsel-Powell	Schultz
Fletcher	Murphy (FL)	Waters
Fortenberry	Nadler	Watson Coleman
Foster	Napolitano	Welch
Frankel	Neal	Weston
Gallego	Neguse	Wild
Garamendi	Newhouse	Wilson (FL)
García (IL)	Norcross	Yarmuth
García (TX)	O'Halleran	Young
Golden	Ocasio-Cortez	Zeldin
Gomez	Omar	
Gonzalez (TX)	Pallone	
	Panetta	

## NOES—158

Abraham	Baird	Bishop (UT)
Aderholt	Balderson	Brady
Allen	Banks	Brooks (AL)
Amash	Barr	Buchanan
Amodei	Bergman	Buck
Armstrong	Biggs	Budd
Arrington	Bilirakis	Burchett
Babin	Bishop (NC)	Calvert

## NOT VOTING—21

Aguilar	Fudge	Moulton
Bishop (GA)	Gabbard	Reschenthaler
Byrne	Gosar	Richmond
Cooper	Huffman	Serrano
Crenshaw	Lewis	Stivers
Evans	McEachin	Timmons
Flores	Moore	Watkins

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE  
The SPEAKER pro tempore (during the vote). There are 2 minutes remaining.

□ 1242

So the bill was passed.  
The result of the vote was announced as above recorded.  
A motion to reconsider was laid on the table.

## ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will remind all persons in the gallery that they are here as guests of the House and that any manifestation of approval or disapproval of proceedings is in violation of the rules of the House.

□ 1245

## THE TIME TO ACT IS NOW

(Mr. PAYNE asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. PAYNE. Madam Speaker, I rise today to urge the Senate majority leader, MITCH MCCONNELL, to bring our bills to the floor.

My House colleagues and I have passed 400 bills this Congress—400. Unfortunately, more than 300 are stuck on MCCONNELL's desk, including 275 bipartisan bills.

These bills include things like raising the minimum wage, protecting retirees, protecting consumers when they sign contracts, and support for our veterans. These are not partisan issues. These are American issues.

Every day, we are trying to do the will of the American people; every day, we fight to make their lives better; yet, every day, our public opinion drops because the people do not see any results.

The time to act is now. The betterment of every American depends on it.

#### HONORING THE LIFE OF JUDGE DAVID TAUNTON

(Mr. DUNN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. DUNN. Madam Speaker, I rise today to honor the life of Judge David Taunton, who passed away peacefully at the age of 80 on November 8.

As the longest serving judge in Gulf County, Florida, Judge Taunton will be remembered by many for his unending dedication to children and providing them with a second chance.

Judge Taunton and his wife, Abigail, dedicated their lives to opening a shelter for homeless children. In 1978, the Taunton Family Children's Home welcomed its first child, and since then, over 400 children have called the Taunton Family Children's Home their own. Abigail and the judge made sure that each child was raised as if they were their own child.

Judge Taunton has impacted so many lives through his optimism, unconditional love, and mentorship. In addition to serving as a judge for 20 years, David Taunton served as a logger, a school principal, a church pastor, and an editor of his newspaper.

Madam Speaker, please join me in honoring the legacy and life of Judge David Taunton. He will be missed by many.

#### ELECTING A CERTAIN MEMBER TO A CERTAIN STANDING COMMITTEE OF THE HOUSE OF REPRESENTATIVES

Mr. JEFFRIES. Madam Speaker, by direction of the Democratic Caucus, I offer a privileged resolution and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 725

*Resolved*, That the following named Member be, and is hereby, elected to the following standing committee of the House of Representatives:

COMMITTEE ON OVERSIGHT AND REFORM:  
Mrs. Carolyn B. Maloney of New York, Chair.

Mr. JEFFRIES (during the reading). Madam Speaker, I ask unanimous con-

sent that the resolution be considered as read and printed in the RECORD.

The SPEAKER pro tempore (Ms. DAVIDS of Kansas). Is there objection to the request of the gentleman from New York?

There was no objection.

The resolution was agreed to.

A motion to reconsider was laid on the table.

#### TOGETHER WE FIGHT FOR THE PEOPLE

(Mrs. MCBATH asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. MCBATH. Madam Speaker, I rise today to speak on H.R. 5041, the Family Violence Prevention and Services Improvement Act.

Too many Americans have been injured and too many families have been torn apart by domestic violence. One in four women and one in nine men will experience some form of domestic violence in their lifetime. Victims and survivors span all races, backgrounds, genders, and income levels.

Domestic violence is not just a women's issue. That is why I am proud to have introduced FVPSA, with Representatives GWEN MOORE, TOM COLE, and JOHN KATKO.

Though there are centers around the country doing incredible work, too many people still are turned away each day due to lack of resources. Our bill will provide adequate resources for prevention and treatment services.

I urge all of my colleagues to support this vital bill. Together, we fight for the people, help survivors of domestic violence, and prevent such tragedies in the future.

#### HONORING THE SERVICE OF FLOYD "BUTCH" VANDIVER

(Mr. ARRINGTON asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. ARRINGTON. Madam Speaker, I rise today in recognition of a dear friend and local leader in my district, former Bailey County Commissioner Floyd "Butch" Vandiver, who is currently battling cancer back home in Muleshoe, Texas.

Butch is the epitome of a servant leader, and he personifies the spirit of west Texas through his honesty, humility, and hard work.

Having operated the family farm for more than 35 years, Butch understands the trials of tilling the soil, the blessings of a bountiful harvest, and the faith and freedom it requires.

During his two decades as a Bailey County commissioner, Butch served with excellence, always putting the interests of the people he served over himself.

I first met Butch on a flight back to Lubbock. He was returning home from treatment at MD Anderson. Clearly fa-

tigued from his fight against cancer, he never once complained. Instead, he encouraged me.

Butch, you inspire me with your authenticity, your humility, and your unwavering faith. I want you to know we love you, we are praying for you and your family, and we know you are in God's loving and capable hands.

God bless, and go west Texas.

#### LATINA EQUAL PAY DAY

(Ms. GARCIA of Texas asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. GARCIA of Texas. Madam Speaker, yesterday, we observed Latina Equal Pay Day. Latinas across the country made our voices heard, demanding an end to the gender pay gap that affects Latinas the most.

We Latinas are "luchadoras"—fighters. Yet, on average, Latinas make 53 cents to the dollar earned by White, non-Hispanic men. We are talking about our "madres, our abuelitas, our hijas, y tias"—mothers, grandmothers, daughters, and aunts.

Hardworking Latinas deserve better. We should not have to work 23 months to make what White, non-Hispanic men make in 12 months.

We must level the playing field. It is not only the right thing to do, but America works best when women are empowered and treated equally.

I won't stop fighting until Latinas and all women receive equal pay for equal work.

#### CELEBRATING GEORGE HYAK'S 100TH BIRTHDAY

(Mr. CLOUD asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. CLOUD. Madam Speaker, I rise to today to wish Mr. George Hyak of Victoria, Texas, a heartfelt happy 100th birthday and to thank him for his service to our country.

George is an example of a life well lived. He and his precious bride, Sarah, have been married for 71 years, and their family has flourished.

George served our Nation heroically during World War II, storming the beaches of Normandy on D-day, fighting in the Battle of the Bulge, and liberating a Nazi concentration camp.

After the war, he returned home and continued operating the Dick's Food Stores in Victoria, which he cofounded. The longevity of the store earned it the Texas Treasure Business Award.

As we look to celebrate Thanksgiving, we as a nation do have a lot to be thankful for, including veterans like George. May Mr. Hyak's life serve as a reminder of the price that he and others like him paid for our freedom.

#### OUR FEDERAL FISCAL HOUSE IS OUT OF ORDER

(Mr. CASE asked and was given permission to address the House for 1

minute and to revise and extend his remarks.)

Mr. CASE. Madam Speaker, can anyone seriously dispute that our Federal fiscal house is seriously out of order?

Our national debt stands at \$23 trillion, doubling in just the last decade alone. No end is in sight, as we just registered \$1 trillion annual deficit in the last fiscal year, and this fiscal year looks the same or worse. Interest payments alone will exceed defense spending by 2025.

We need look no further than into the mirror for the root cause. It is our collective inability to face the music of fiscal responsibility and sustainability. We clearly need help.

H.R. 5211, the Sustainable Budget Act, reintroduced today with my colleague from Arkansas, the ranking member of the Budget Committee, Mr. WOMACK, would follow the models of Simpson-Bowles and other such independent commissions charged with focusing on our debt and recommending a sustainable path forward for an up-or-down vote by Congress.

In that, our bill is similar to other measures I have also reintroduced: H.R. 4907, the TRUST Act, with Representatives GALLAGHER and MCADAMS; and H.R. 5178, the RAFT Act, with Representative BURCHETT. Together, they offer a far better way forward to tackling our debt crisis, and I urge their prompt consideration and passage.

#### FUNDING FOR PUERTO RICO'S MEDICAID PROGRAM

(Miss GONZÁLEZ-COLÓN of Puerto Rico asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Miss GONZÁLEZ-COLÓN of Puerto Rico. Madam Speaker, today I rise, and I am pleased to say that the continuing resolution to keep our government open until December 20 extends, once again, the provision of the 2018 BBA to provide Puerto Rico a 100 percent Federal Medical Assistance Percentage in the Medicaid program.

However, the time available for an extension is quickly coming to an end. Unless Congress acts quickly to adequately fund this vital program, Puerto Rico will face a \$1 billion shortfall as early as March of 2020, putting in grave jeopardy the 1.1 million American citizens in my district who rely on this program.

This insecurity in funding also makes it impossible to negotiate long-term provider contracts, and it disrupts the ongoing implementation of important transparency and integrity measures.

Without decisive and long-term funding, the progress into stabilizing Puerto Rico's Medicaid program could be reversed as payments to providers would once again fall close to 40 percent Medicare fee schedule and accelerate provider exodus.

Puerto Rico will also not be able to pay for lifesaving hepatitis C medicines

that positively impact the quality of life, while decreasing long-term health costs.

Puerto Rico will also not be able to subsidize dual Medicare B premiums and shift those healthcare costs to Medicare, where they belong.

The lack of a solution for Puerto Rico's Medicaid program, such as the one proposed by the House, could have a ripple effect on our healthcare system.

I urge my colleagues to act on Medicaid provisions.

#### HONORING THE MEMORY OF VERNA CAMPBELL

(Mr. ROSE of New York asked and was given permission to address the House for 1 minute.)

Mr. ROSE of New York. Madam Speaker, I rise today in solemn memory of Ms. Verna Campbell, a constituent, beloved mother, grandmother, and eternal fighter for the working class.

Ms. Campbell left us on October 22 but leaves behind a powerful legacy in my community. She was a loving mother to 10 children and step-children, and always worked to support her second family, 1199 SEIU.

Ms. Verna was a long-time delegate for 1199, where she fought for labor rights, fair pay, and dignity for all workers.

She devoted herself to the Staten Island Democratic Association, the Staten Island NAACP, the Staten Island Women's Political Caucus, and the 120th Precinct Council.

Ms. Verna was a founder of the Staten Island African American Political Association and, over the years, has worked to bring African Americans into Staten Island politics.

Ms. Verna also played key roles in electing numerous African Americans to public office throughout her life.

Staten Island and all of New York City will deeply miss Ms. Verna Campbell, but we are all blessed for her membership in our community throughout her lifetime.

□ 1300

#### HOUSE DEMOCRATS ARE WORKING FOR THE PEOPLE

(Mr. TED LIEU of California asked and was given permission to address the House for 1 minute.)

Mr. TED LIEU of California. Madam Speaker, the House of Representatives this year has had one of the most productive sessions in U.S. history. We have passed over 275 bipartisan bills to the United States Senate. Let me just say that again: We have passed over 275 bipartisan bills to the United States Senate.

Unfortunately, the Republican-led Senate has not gotten around to letting these bills go for a vote.

Some of these bills include common-sense legislation such as the Violence

Against Women Act reauthorization, the Save the Internet Act, Securing America's Federal Elections Act, the Gold Star Family Tax Relief Act, the Climate Action Now Act, the Paycheck Fairness Act, and the Raise the Wage Act. It is time for the do-nothing Republicans to start doing their jobs.

#### RECOGNIZING NATIONAL RURAL HEALTH DAY

(Ms. PLASKETT asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. PLASKETT. Madam Speaker, today is National Rural Health Day.

More than 60 million Americans live in rural areas. Unfortunately, these individuals tend to be in poorer health than those who live in urban and suburban areas. They experience greater rates of chronic disease than the rest of the U.S. population.

The U.S. Virgin Islands is one of these rural areas. Like most rural America, the VI has high rates of chronic disease, diabetes, heart disease, stroke, and experience unique challenges in accessing healthcare.

The Virgin Islands, however, due to geographic distance from the contiguous United States and our territorial status, face even further challenges, including inequitable Federal funding. Our health providers and families have to make difficult decisions, not based on care but on distance and funding.

All Americans deserve easy accessibility to high quality healthcare. I want to take this time to recognize the healthcare providers in the Virgin Islands for their tireless work and commitment to the health and well-being of our people.

#### RECOGNIZING LINDA LAURIA FOR 34 YEARS OF SERVICE WITH THE SOCIAL SECURITY ADMINISTRATION

(Ms. OCASIO-CORTEZ asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. OCASIO-CORTEZ. Madam Speaker, I rise today to recognize a long-term public servant and New York-14 constituent, Linda Lauria.

On November 30, 2019, Linda Lauria, public affairs specialist, will retire from the Social Security Administration. Linda's retirement will mark the close of a phenomenal 34-year career that spans multiple decades of public service.

Linda began her career with the Social Security Administration in August 1973 as a claims development clerk in the east Bronx Social Security office as a GS-2, as she proudly notes. Linda was subsequently promoted to positions in the field, including service representative and claims representative.

Linda has been instrumental in the timely resolution of several thousand cases, eliminating barriers between our



most vulnerable people and their essential benefits.

Linda's outstanding contributions to the agency have been recognized with several awards, including the Deputy Commissioner Citation and the New York Regional Management Society's Regional Office Employee of the Year. She has also been instrumental in helping my own district team from the very beginning.

Throughout Linda's career, she has brought intelligence, technical savvy, practical knowledge, and a strong commitment to excellence to every assignment.

Today my staff, the Social Security Administration, and I thank Linda for her dedication, passion, and commitment to our community.

#### RECOGNIZING ATLANTICARE

(Mr. VAN DREW asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. VAN DREW. Madam Speaker, today I want to recognize AtlantiCare, a major health system in south Jersey for over one century. The group started with one hospital in 1898 and has now expanded to over 100 different locations across the region to fulfill the medical needs of our community.

AtlantiCare improves the health and happiness of the people of south Jersey by providing high-quality medical care, which has recently been celebrated with the Critical Care Gold Beacon Award, the Emergency Nurses Association's Lantern Award, and many more.

Beyond health services, AtlantiCare has been a staple to south Jersey because of their focus on community outreach programs, which are so very important. They have tackled a variety of issues facing our area.

AtlantiCare has installed programs to supply healthy school lunches to children, to bring fresh produce to those struggling with food insecurity, and to provide residency opportunities for local medical school students so that they stay in the area.

In south Jersey we are very lucky to have AtlantiCare's accessible medical services and outreach programs to better our region. I thank AtlantiCare and all the staff and all the volunteers for caring about our community in south Jersey.

#### OUR CHILDREN ARE OUR PRIORITY

(Ms. JACKSON LEE asked and was given permission to address the House for 1 minute.)

Ms. JACKSON LEE. Madam Speaker, I have worked in the area of criminal justice and juvenile justice for as many years as I have served in the United States Congress.

Dealing with juveniles here in this country and giving them a pathway of opportunity to success has been my dream and goal. I intend to introduce

the Omnibus Juvenile Justice Restoration and Uplift Act.

There are 75 million juveniles, plus, in the United States since 2013. That number has grown. That means that one in four have the possibility of being in the juvenile delinquency system. That should not be tolerated.

My bill will include adding more trained social workers; giving sensitivity training and special training to our law enforcement officers, who really want to be role models; to Ban the Box, so they do not have a lifetime of saying, as a juvenile I was arrested; ending solitary confinement throughout the entire United States for juveniles; alternative sentencing, so that old-fashioned juvenile detention jails can be closed; gang intervention, so that we can find a way for resolution and direction and another way for gang prevention, violence cessation, wrap-around services, closing all juvenile centers over a 10-year period, and finally, conflict resolution.

I encourage my colleagues to join me in introducing this legislation. Our children are our priority.

#### THE SENATE MUST ACT ON LEGISLATION

(Mr. GREEN of Texas asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. GREEN of Texas. Madam Speaker, I rise today in support of the For the People Agenda generated by this House, and I am antithetical to the Senate's provision, which is a for-the-President agenda.

We, the Members of the House, have passed legislation for gun safety. The President has merely talked about it.

We have passed legislation to help with personal and financial security for women. The President says ugly things about women.

We pass legislation that will help the Dreamers. The President is about ending the dream.

We have passed legislation helping those who are being discriminated against in the LGBTQ community. The President ignores this community.

We passed legislation to help with election and democracy security. The President wants to do all that he can to help Putin and those in Russia with their security, ignoring ours.

In our House we have, for the people, passed a bill to increase the minimum wage. The President seems to be antithetical to it. If we have our For the People Agenda and we pass these bills and send them to the Senate, the least that the Senate can do is generate their own version so that these bills may go to a conference committee.

They don't have to have a for-the-President agenda. I am for the people. The Senate is for the President.

The SPEAKER pro tempore. Members are reminded to refrain from engaging in personalities toward the President.

#### RECOGNIZING NATIONAL RURAL HEALTH DAY

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2019, the gentleman from Arizona (Mr. O'HALLERAN) is recognized for 60 minutes as the designee of the majority leader.

#### GENERAL LEAVE

Mr. O'HALLERAN. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material on the subject of my Special Order.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Arizona?

There was no objection.

Mr. O'HALLERAN. Madam Speaker, I rise today in honor of National Rural Health Day.

To mark this important day, my colleagues and I will discuss the unique challenges that rural America faces when seeking quality healthcare close to home or as close to home as rural America has it.

I am proud to represent Arizona's First Congressional District in the House of Representatives. Our district is actually larger than the entire State of Illinois, and it is one of the most rural in the country.

This year, I have held 26 town halls across this vast and diverse district. At each and every one I hear from rural residents struggling to access quality healthcare, especially emergency care. Many of my constituents must spend hours traveling hundreds of miles to access any kind of care, let alone specialist care or maternity care.

Since I was elected, I have worked with my colleagues on both sides of the aisle to identify legislative solutions to the issues our rural residents are facing. This year I introduced the CHIME Act, legislation to extend the Community Health Center Fund and the National Health Service Corps for 5 years and increase funding for priority areas.

Community health centers are critical to serve hundreds of thousands of patients every year just in Arizona. In my district, and many rural areas, community health centers are often the primary care facility for a large portion of the population. If funding for community health centers in Arizona were to lapse, just in my district, tens of thousands of rural residents would be left without access to critical care.

My language to extend this funding was included in this week's continuing resolution, but it is at risk of expiring if we cannot come together to fund the government. We need a long-term solution. I will continue to work with my colleagues on both sides of the aisle to pass this bill into law permanently, so our communities have the support and certainty they need.

Additionally this year, I introduced the GME, graduate medical education amendment, to the Lower Drug Costs

Now Act. My amendment would instruct the Department of Health and Human Services to establish a grant program for hospitals in rural and medically underserved areas. We must act now to ensure that rural communities have the resources they need.

According to the Association of American Medical Colleges, our country will suffer a shortage of over 120,000 physicians by 2032. Rural areas will be hit especially hard. We must do what we can now to prevent this from happening and to mitigate the effects. My amendment would help incentivize doctors to stay and practice in our rural communities. We know very well that, when a resident comes to a rural community or any other community, there is a higher percentage that want to stay in that community after their residency.

This May, after years of work with stakeholders, community leaders, and veterans' advocates, I was able to secure Federal funding for the construction of veterans nursing homes in Flagstaff, in my district, and Yuma in western Arizona. We found out during that time that you can't build a facility like that on Tribal lands, so we have a bill that is trying to change that so the many Tribal nations in our country and nations like the Navajo Nation that are as big as West Virginia can have a nursing center close to the many veterans that they have.

For too long these rural construction projects were unfairly penalized by an outdated VA funding formula that left too many families without the help that they deserve.

□ 1315

We must continue to expand access to healthcare for rural Americans, but I know these are merely first steps. There is much work to be done and many hurdles that must be crossed before we ensure that our veterans, seniors, and families across rural America have access to quality healthcare that is close to home.

Just quickly, rural America is probably tied closer to urban America than many people know. But the families who we need there—who supply the food, the water, the energy, everything that makes urban America survive—won't be there if we don't have people who want to and are able to live there. That means we have to have good schools, good healthcare, and good job opportunities.

We want our children to move back to rural America, and we will not have that if we do not address the appropriate concerns.

Madam Speaker, I yield to the gentleman from New York (Mr. BRINDISI), my colleague.

Mr. BRINDISI. Madam Speaker, I thank the gentleman from Arizona (Mr. O'HALLERAN), my friend, for yielding to me.

Madam Speaker, I rise in honor of National Rural Health Day.

I am proud to represent a rural district in upstate New York. These are

strong communities of hardworking men and women, but too often, I hear about the challenges facing these families.

I recently heard from farmers at a roundtable about the stress of losing a farm that has been in the family for generations and the barriers to reaching out for help when you are in distress.

Rural Americans too often face long travel times to access healthcare and a lack of adequate resources locally.

Tragically, the CDC reports that the suicide rate in rural America is 45 percent higher than in urban areas.

We need to do better.

That is why I am proud to work with my colleagues Representative KATKO and Representative CRAIG to introduce the Seeding Rural Resilience Act. This bipartisan bill will direct more resources to reduce the stigma around mental healthcare and help connect farmers with available resources.

It shouldn't matter if you live in New Berlin or New York City: You deserve access to quality, affordable healthcare.

It is time for Congress to act to deliver more access to affordable healthcare across our rural communities.

Madam Speaker, I urge consideration and swift passage of my bill and other actions to help address the specific needs of rural Americans.

Mr. O'HALLERAN. Madam Speaker, I thank the gentleman for his remarks.

Madam Speaker, I yield to the gentleman from New Jersey (Mr. VAN DREW).

Mr. VAN DREW. Madam Speaker, I thank the gentleman for yielding.

I am honored to be joined by my colleagues today on National Rural Health Day to express the importance of rural healthcare across America.

Nearly 57 million Americans, or about one out of five, call their communities rural communities, and they call these places their home. That includes many residents of my district in south Jersey.

The State of New Jersey Department of Health defines a rural community as an area within the State that has a population density of fewer than 500 persons per square mile. Most of these areas tend to not only have a lack of healthcare but more need for accessible, affordable care.

The populations in rural communities tend to have more households with people over 65 years of age, many of whom live alone. Additionally, they have higher rates of suicide, cancer, diabetes, asthma, and obesity. Most do not have any health insurance at all.

We must act on health legislation that not only supports the development of community health centers and their accessibility but also finds creative ways to support these rural communities. Ultimately, we will save their lives.

It is important that we address these life-threatening rural health concerns

and foster available and accessible health services for all of these rural Americans.

Mr. O'HALLERAN. Madam Speaker, I thank the gentleman for his comments.

Madam Speaker, I yield to the gentleman from California (Mr. COSTA), my colleague.

Mr. COSTA. Madam Speaker, I thank Congressman O'HALLERAN for leading this Blue Dog Special Order on a very important issue affecting rural America.

The Blue Dogs, obviously, represent the breadth and width and diversity of our country, but many of us represent rural areas. Healthcare for every American is a critical need, a critical issue.

In 2010, before the Affordable Care Act became law, in the district that I represent in California, in the San Joaquin Valley, 22 percent of my constituents had no healthcare insurance whatsoever, and 17 percent were underinsured.

The Affordable Care Act has a number of areas where we could provide improvements if we could get bipartisan agreement, but the fact is that we have the ability to protect individuals who have preexisting conditions; children can be on their parents' healthcare insurance until the age of 25; things have really expanded with Medicaid and Medicare; and, what often gets overlooked, \$8 billion was provided in the Affordable Care Act for rural healthcare clinics across America.

What does this mean in my district, a district that represents one of the richest agricultural regions in the entire country and the world? We have gone, in 9 years, from 22 percent underinsured to 10 percent underinsured. We have cut the number of people who have no insurance by more than half. We have reduced the level of those who are underinsured.

In addition, clinics in my area, Camarena, Livingston, Golden Valley, Clinica Sierra, to mention at least four or five, have all expanded their rural healthcare clinics to provide more healthcare for people who live in rural areas, from prenatal to elderly and everything in between.

In addition, they have done innovative things like other clinics across America. They have put healthcare clinics in high schools and middle schools, which has provided greater access to healthcare.

We have made a difference. We have improved the level of healthcare. But the reality is this: For three decades, the number of hospitals in rural areas in our country has declined at a steep pace. Among the 50 rural hospitals in California, more than a dozen have closed since the early 2000s.

It also has been devastating not only to the level of healthcare but to the residents who live in those communities, hardworking people who contribute to our economy every day, part of our farm communities.

I think it is important to note that for every 1,000 people in the place I

live, we have 0.9 physicians. Anywhere else in California, for every 1,000 people, there are 2.2 physicians, twice as many physicians.

While this is an important part of improving healthcare, we also need to get medical schools. That is something that I have worked on. I have worked on trying to get additional medical schools not only across the country but in the San Joaquin Valley.

We know that if you get a medical school there, it provides an opportunity for students who graduate from that medical school to practice in the area in which they have graduated.

We have proof of that. We have residency programs that I have been very supportive of with the University of California, San Francisco, UCSF, which has over 280 residents who are being trained in the valley right now. Over half of those physicians over the last 40 years who have graduated from that residency program have stayed to practice in our valley. So a medical school is an important part of an overall strategy.

As Blue Dogs, we want to continue to support expanded healthcare throughout our rural areas. This is something I believe Democrats and Republicans can come together on in a bipartisan manner.

These are many ways in which we can work to ensure that rural America gets reliable, affordable healthcare that they deserve, like every other American. That is why Blue Dogs are speaking out on this issue today.

Since taking office, this administration, sadly, has made repeated efforts to eliminate the Affordable Care Act without putting anything in its place. That makes no sense. That makes no sense whatsoever.

Just this week, we voted on a continuing resolution to keep government open for the next 6 weeks. We should have a real budget in place at this time. It is irresponsible to ever, as the President did earlier this year, shut down government. But in this continuing resolution, we have funding to ensure that our community health centers keep receiving the funding they need to stay open and serve their patients.

This year alone, Congress has voted on 10 different proposals to improve healthcare and stabilize the Affordable Care Act for American families. They are over in the Senate right now. Sadly, instead of taking action, Senator MITCH MCCONNELL refuses to bring up these good measures.

We could be lowering the cost of prescription drugs, which affects all Americans, whether you live in rural areas or urban areas, and ensuring that we protect those who have preexisting conditions, preexisting conditions of heart disease, cancer, diabetes.

These bills, sadly, are collecting dust on the majority leader's desk.

I want to close by saying, as a 15-year member of the Blue Dog Coalition, our caucus stands together to try to improve healthcare for all Americans.

For those of us who represent rural America, like Congressman O'HALLERAN, myself, and many others, it is important to note that we must improve our healthcare system for the people who live in our rural areas.

It is time for the Senate to do their job and pass these important bills.

We will continue to work to try to expand access to healthcare in rural areas with our clinics and to create medical schools in areas that are significantly underserved.

While we continue to patiently ask the Senate to act, I know the Blue Dogs will continue to advocate for policies that improve access to healthcare for all Americans, especially for those rural Americans we represent.

Madam Speaker, I thank the gentleman for his leadership in this important area as the legislative chair for the Blue Dog caucus. The citizens of Arizona are fortunate to have a good Representative.

Mr. O'HALLERAN. Madam Speaker, California is, too.

Mr. COSTA. Madam Speaker, I thank the gentleman again, and I wish him a happy Thanksgiving.

Mr. O'HALLERAN. Madam Speaker, I thank all of my colleagues for joining me to participate in this important show of support by the Blue Dog caucus for rural healthcare and access across America today.

A couple of quick examples: First of all, when you are traveling across the country from urban America through rural America, this hospital issue, this medical issue, is your issue because the hospitals that we have are the hospitals you are going to be taken to. The ambulances that have to take an hour or 2 hours to get to the site where you are at are the ambulances that you are going to be taking, too.

People on dialysis in rural America, whether it is a Tribal community or another community in rural America, some of them have to drive 2 hours one way to get their treatment and then 2 hours back home. Sometimes they do 3 days a week, sometimes up to 4 days a week, sick people traveling hundreds and hundreds and hundreds of miles to get this type of treatment so they can live.

Cancer is the same way. Cancer patients have to find a way to get that treatment. It is very scarce in rural America.

Rural communities make up the very fabric of America. Their success is our Nation's success.

I am committed to fighting to improve access to healthcare for rural, Tribal, and other underserved communities, for hardworking families and veterans who often travel hundreds of miles for basic care.

As I stated before, my district is rural for the most part, and we have 60,000 veterans within the district.

For rural healthcare to be totally successful, we must improve broadband and expand it so that telemedicine is meaningful for the people who live in rural areas across America.

Improving access to care is not a partisan issue. We must come together across the aisle and continue to work to identify legislative solutions to the barriers our rural residents face.

Madam Speaker, I yield back the balance of my time.

#### MESSAGE FROM THE SENATE

A message from the Senate by Ms. Byrd, one of its clerks, announced that the Senate has agreed to pass without amendment a concurrent resolution of the House of the following title:

H. Con. Res. 75. Concurrent resolution directing the Clerk of the House of Representatives to make a correction in the enrollment of H.R. 3055.

The message also announced that the Senate agrees to the amendment of the House to the amendment of the Senate to the bill (H.R. 3055) "An Act making appropriations for the Departments of Commerce and Justice, Science, and Related Agencies for the fiscal year ending September 30, 2020, and for other purposes."

□ 1330

#### GLOBAL ENTREPRENEURSHIP WEEK

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2019, the gentleman from Arkansas (Mr. HILL) is recognized for 60 minutes as the designee of the minority leader.

Mr. HILL of Arkansas. Madam Speaker, today I rise to mark Global Entrepreneurship Week, where all across the globe cities will be hosting events that will inspire millions to explore their potential as an entrepreneur while fostering connections and increasing collaborations within their communities.

Small businesses and entrepreneurs are the engines of our economy in Arkansas and across our country. They support millions of jobs in this Nation. They create and support jobs within their local communities and employ approximately half the private-sector workers in the United States.

As a co-chairman and founder of the House Entrepreneurship Caucus, I am proud to celebrate the visionary men and women who boldly pursue their passion to build the growth businesses that fuel our economy.

The United States has served as a global beacon of innovation, delivering remarkable new products and services that improve the lives of all Americans. Today, over 99 percent of U.S. employers are small businesses that create 57 million jobs that generate 44 percent of our economic activity.

The spirit of the startup is built into our American DNA. Our country is home to the world's greatest inventions, companies, and technological advances because we believe that anyone with a good idea and determination can build a business that changes the world.

The House Entrepreneurship Caucus believes in empowering the pursuit of America's innovators by removing the barriers that make it harder to start a business in this country.

Over the past four decades, I have had a long career focused on different aspects of entrepreneurship and technology. Back in 1980, I helped start a payment system innovator in the banking industry, a company that became PULSE, the largest shared ATM/POS system in the Southwest. PULSE is now owned by Discover.

I didn't know it at the time, as a young person, but I was an entrepreneur. I took a leave from a public company that I worked for and helped start an innovative financial technology business that really changed the face of banking in Texas in those years.

Likewise, later in the late 1980s and early 1990s, I served as Deputy Assistant Secretary for Corporate Finance at the Treasury. There, working with my colleagues at the Commerce Department, we focused on how to make American companies more competitive.

How do we lower barriers to our global competitiveness? That was a key moment at that time, given the world in the late 1980s, with amazing increases in foreign competition from Asia and from Europe.

Also, how do we reduce the barriers for investment in technology companies, something that, now, America, again, 30 years later, is so well known for? And yet, still investing in technology, whether it is biotech or Silicon Valley or in the worldwide web investing, that is still a challenge to come up with the right number of dollars to support investing in technology, where you don't have traditional assets.

So throughout my career, I have tried to lead in looking for solutions to build our entrepreneurship and build our business ecosystem, and I have had the pleasure to work in a variety of different industries.

As a chamber chairman and as a community banker, I led the way in my hometown of Little Rock to improve our ecosystem by supporting the BioVentures incubator at the University of Arkansas medical campus, support the creation of a venture center. These are all things that I have seen help create a spirit of entrepreneurship in not only Little Rock, but across the country.

Perhaps Steve Case has said it best. By creating an environment where there is the rise of the rest, where technology, entrepreneurship, business startups are not limited to the West Coast or the East Coast of the United States, but are spread across all of our towns and communities in a better way, things like the innovation hub or the program called the Conductor are bringing to middle America the kinds of entrepreneurship talents and abilities that we need.

But the most things that a startup business needs, more than anything

else besides capital, is to take that idea and have a good set of mentors or advisers. That is something that, again, the Conductor and the innovation hubs in our small business development centers across the country help create, that local community entrepreneurship culture.

Now, since joining Congress some 4½, almost, now, 5 years ago, I have continued to focus my work to expand the flow of capital, reduce barriers to business startups and business growth, and consistently, Madam Speaker, I have tailored my thoughts in the following key areas that Federal policy can influence entrepreneurship:

We need to tailor regulatory regimes for businesses. We need to be very sensitive about the regulatory burden to a startup or to a small business or to a mom-and-pop.

We need to lower taxes for capital investment and capital gains taxation to encourage long-term investments, and some of the changes that we made in the 2017 tax bill reflect that.

Lowering taxes on investment, encouraging investments in opportunity zones, encouraging long-term capital investment, returning capital to the United States, all this creates a better entrepreneurship environment.

We want to mitigate barriers for companies that want to go public, that want that ultimate recognition of raising capital on the public markets.

Over the last three decades, we have seen the number of public companies fall, Madam Speaker, dramatically, and we want to know what are the barriers that are causing fewer companies to go public in our country.

We want to reward innovation.

We want to make sure Federal policies streamline efficiencies and compliance for our business.

And, finally, we want to make sure that credit is available equally across this great country.

In furtherance of these ideals, I would like to highlight the work of the Kauffman Foundation and their new report just released, "America's New Business Plan."

The Kauffman Foundation is a leader in this field and recently formed the "Start Us Up" coalition, in collaboration with over 100 entrepreneurship advocacy groups, to address many of the issues that I have touched on and am discussing today.

America's New Business Plan outlines four key principles that are necessary to support entrepreneurship and business development:

Number one, opportunity: a level playing field and less red tape. When it comes to starting a business, entrepreneurs need a level playing field to compete with larger, more established enterprises.

Number two, funding: equal access to the right kind of capital—not just bank loans, but also venture capital. The idea of an innovation grant, called an SBIR, the opportunity to raise angel capital or venture capital.

Number three, knowledge: the know-how to start a business, including understanding the requirements and barriers that come with turning an idea into reality.

Having been engaged in so many emerging companies and startup companies over my career, that is always that strict assessment that an entrepreneur, a visionary, a startup company owner really needs, perspective: perspective on what are the requirements needed to start your business and any barriers that would make it difficult, and having a realistic plan to deal with that.

And the fourth key area that Kauffman outlines is support: the ability for all to take risks, while having the proper support after becoming an entrepreneur and leaving behind that stability of a traditional job and that paycheck every 2 weeks and the benefits that come with it.

That is why I emphasize those four areas are so key.

The University of Arkansas at Fayetteville recently established their Startup Village to address a few of these issues by providing students and the community entrepreneurs with the resources and support needed early in the process to help them launch their own business and pursue happiness.

I know how important it is to have a wide range of funding options that I have talked about. In central Arkansas, I am proud to note that private equity has created over 1,600 jobs and invested more than \$2 billion just in the last 5 years, demonstrating that Steve Case is right, that all communities can share in this prosperity if they have that right ecosystem.

Specifically, to push some of these ideals, I have supported different causes and different legislation in this House that I want to highlight during Global Entrepreneurship Week.

First, we formed the Entrepreneurship Caucus to address these issues and have our support in the House of job creators across this country. We did that in conjunction with the United States Senate, which also has started an Entrepreneurship Caucus. It is led by Senator KLOBUCHAR and Senator SCOTT. I was pleased to, here in the House, have my colleagues join me from House Financial Services, House Ways and Means, and House Small Business.

To start it, we had my colleagues—Congressmen FOSTER, CHABOT, MURPHY of Florida, SCHWEIKERT, and VEASEY—all coming together with an idea that we will be a voice to create, I would say, an ability to watch for legislation in this House that may have either a positive effect on capital formation and business formation or a deleterious effect.

Number two, we have introduced the Enhancing Entrepreneurship for the 21st Century Act.

As a part of this caucus work, I have introduced legislation with the co-chairs that directs the Secretary of

Commerce to conduct a comprehensive study into the underlying economic factors driving the decline in rates in entrepreneurship. Senators KLOBUCHAR and SCOTT have introduced a Senate companion of this bill, as well.

I also introduced with my friend, Representative SCHWEIKERT from Arizona, a bill that I saw was a big help to people starting a business, and I call it the Fair Investment Opportunities for Professional Experts Act. What this does is it changes the definition of an accredited investor.

Right now, Madam Speaker, you have to invest in a private business to participate in a venture capital idea, to go into what the SEC calls a reg D private placement offering. You have to be an accredited investor. You have to have a certain net worth. You have to have a certain income.

For many people, that discriminates against their ability to lead a company, invest in a company in which they have terrific expertise. So this bill simply says that professional expertise can also count to that definition of an accredited investor, and it is not limited to just high net worth individuals.

Additionally, I have cosponsored legislation called Helping Startups Continue to Grow Act. This extends that regulatory balance, those compliance costs. It reduces those for emerging growth companies from 5 years up to 10 years.

□ 1345

This is where companies that are just growing, accessing capital through the public markets, have a lower regulatory burden now for 10 years rather than 5.

So those are some of the key things that we are doing in these first few days of the House Entrepreneurship Caucus. I encourage all of my colleagues to get involved, whether they are entrepreneurs or not, if they have that entrepreneurial spirit, or if they believe that we should limit the government's red tape in bogging down innovative Americans from starting their business.

According to the Kauffman Foundation, 79 percent of new business owners feel they did not have that kind of support from government when they started their business.

The House Entrepreneurship Caucus was created to attack that issue and identify comprehensive efforts on how to answer to these problems that have limited business formation and make it easier to start a business.

Working with entrepreneurs, business leaders, and economists to identify the root causes of what the Kauffman Foundation calls the current startup slump is a critical step to unleashing a new generation, a new wave of business growth in this country.

Having effective policies in place to encourage innovation can make all the difference in the world for the entre-

preneur in their first few years of a new endeavor.

I am working hard to create that environment where all Americans are empowered to boldly pursue their passions and build a business that can change the world. Supporting innovators and new business founders is a mission that is not a partisan one. And with our voices, both Democrat and Republican in this new caucus, it won't be.

COMMENDING ARKANSAS DEPARTMENT OF HUMAN SERVICES FOR ADDRESSING MENTAL HEALTH ISSUES

Mr. HILL of Arkansas. Madam Speaker, I rise today to commend the Arkansas Department of Human Services for taking action to address the urgent need for better mental healthcare by establishing a support line to connect Arkansans to low-cost mental health and substance abuse services.

Far too many Americans, about one in five, are suffering from some form of mental illness, a problem that has disrupted too many families, caused too much violence and pain, and cost far too many lives.

Untreated, mental health disorders and substance abuse have resulted in countless tragedies in our country, including over 45,000 lives lost to suicide and 70,000 lives lost to drug overdoses, both in 2017 alone.

We all must work together and continue to move forward in addressing the issue of mental health and mental health access and do what we can to save the lives of all American citizens and reverse this deadly trend of suicides and overdoses.

The Arkansas support line is now live. If you or a loved one need mental health or substance abuse services, please share this number and call the DHS mental healthcare support line at 1-844-763-0198.

RECOGNIZING THE ARKANSAS CHAPTER OF THE AMERICAN FOUNDATION FOR SUICIDE PREVENTION

Mr. HILL of Arkansas. Madam Speaker, I rise today to recognize the good work of the Arkansas chapter of the American Foundation for Suicide Prevention and to call attention to this topic that is so important throughout our Nation.

Since I came to Congress, I have met with Arkansas American Foundation for Suicide Prevention members, their families, and recently, Tyler West and Christopher Epperson. This week I cosponsored H.R. 4194, the National Suicide Hotline Designation Act, in honor of them, and for so many like them and their families that have been affected by suicide and hope that we can reduce suicides nationwide.

This bill would designate 988 as the universal telephone number for the National Suicide Prevention Lifeline, making it just as simple as dialing 911 for emergency help.

I want to thank my friend and colleague, Representative CHRIS STEWART, for introducing this vital legislation.

We all must work together and do what we can to save the lives of our fellow citizens and reverse this deadly trend.

I look forward to the day we vote on this House floor to make 988 that life-saving number.

CONGRATULATING VINH LONG ON A NEW MANUFACTURING FACILITY

Mr. HILL of Arkansas. Madam Speaker, I rise to recognize and congratulate Vinh Long on opening their new manufacturing facility in Morrilton, Arkansas.

Vinh Long Import-Export Manufacturing Company is headquartered in Vinh Long, Vietnam, and was started from a small weaving group for local women in 1976.

It has now expanded into a multi-million-dollar international operation. The company has grown to become one of Vietnam's largest natural fiber manufacturers.

The new facility in Arkansas will have approximately 75 employees and use local suppliers in the production of furniture and other household goods for retailers in North America such as IKEA.

The company has invested more than \$10 million in the Morrilton facility, which is the first Vietnamese-based manufacturer to locate operations in the United States. It is a pleasure to visit this new facility, greet the team, and learn about their plans for manufacturing in central Arkansas. I look forward to their continued success.

RECOGNIZING BANK ON ARKANSAS PLUS

Mr. HILL of Arkansas. Madam Speaker, I rise today to recognize Arkansas' efforts toward helping residents gain financial independence through the Bank On Arkansas Plus initiative. A statewide coalition of financial institutions has partnered to form Bank On Arkansas Plus to fight the unbanked individual, which are individuals, citizens that don't have access to affordable, local banking services.

Madam Speaker, around 27 percent of Arkansans are considered underbanked, and 1 in 10 Arkansas households have no bank account.

I want to thank my friend Darrin Williams, the chief executive officer of Southern Bancorp and a founding partner in Bank On Arkansas Plus.

Darrin and other Bank On partners provide checking accounts with no overdraft fees, no minimum monthly balances, and access to a debit or ATM card for all participants.

Financial security is a freedom that many people in the low-income areas of our country may not be able to afford or may not be able to have access to. And as a former community banker in Little Rock, I commend Darrin, his team, and all of the participating financial institutions for partnering to create Bank On.

This is such a worthwhile strategy to help all Arkansans have access and opportunity to build savings and build wealth for themselves, and to have financial independence.

CONGRATULATING HARDING UNIVERSITY  
LIBRARIAN JEAN WALDROP

Mr. HILL of Arkansas. Madam Speaker, I rise today to congratulate Ms. Jean Waldrop, librarian of Harding University, on receiving the Suzanne Spurrier Academic Librarian Award.

This award is given—in memory of Suzanne Spurrier, the former library director at Harding University—each year to the librarian who exemplifies the spirit of outstanding service and is dedicated to the professionalism that we expect from all librarians.

Miss Waldrop has been working at Harding's Brackett Library since 2006 and oversaw several areas of the library before becoming its director. She has served as the secretary for ARKLink, a board member for Amigos, and is currently serving on the White County Regional Library System board and the Searcy Public Library board.

I would like to extend my congratulations to Jean Waldrop on receiving this recognition and wish her much continued success.

Madam Speaker, I yield back the balance of my time.

#### --- HOUR OF MEETING ON TOMORROW

Mr. HILL of Arkansas. Madam Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet at 1:30 p.m. tomorrow.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Arkansas?

There was no objection.

#### --- IMPEACHMENT HEARINGS FIT A PATH AND A CONTINUUM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2019, the Chair recognizes the gentleman from Iowa (Mr. KING) for 30 minutes.

Mr. KING of Iowa. Madam Speaker, it is my privilege to be recognized here on the floor of the House of Representatives, and to be recognized for 30 minutes here as the week closes out and we head back to our districts for Thanksgiving.

The scenario that has been playing out here now for several weeks in this Congress has been a topic across the news, across the land, and certainly reverberates within the walls of this building and the halls of the outside buildings everywhere around this country.

I speak, of course, of the attempt to impeach our President, President Donald Trump. The circumstances around this week and last week and the previous week are pretty fresh in our minds, but I would like to paint the scenario on how we got to this point and how the effort to impeach Donald Trump has evolved into the hearings that we are seeing now that are taking place before the Select Committee on Intelligence—finally out in the open—and the hearings and the deliberations that I think are likely to take place on

the other side of this Thanksgiving divide.

Madam Speaker, it all fits a path and a continuum, and it is something that one can trace back clear into as far back, I will say, as perhaps the fall of 2015.

Being a Representative from Iowa, I have been involved in the Presidential selection process at the first-in-the-Nation caucus. We did an event on January 24, 2015, that effectively launched the Presidential campaign for the Nation on that day and brought in a dozen candidates that were eventually announced as candidates for President on the Republican side, and a number of other folks who we had speak that day who we thought might enter into the race.

There was a short handful that were invited that didn't come to that event. But because of that, I found myself in the middle of this churning of the nomination process. I saw the policies and the issues that flowed from that debate, and I was in the middle of the debate myself intensively for nearly a year and a half.

At that event that we did in Des Moines at the Hoyt Sherman Place—it is a theater that our future President Donald Trump spoke from the stage that day, as did a good number of others—as we watched this all unfold and they saw that Donald Trump was moving closer and closer to the nomination—we didn't know this at the time, but we know it now—there were powerful forces within the departments of government that were positioning things against whoever the Republican nominee would be, but certainly against Donald Trump as he became the nominee.

We have seen the texts that came forth from Peter Strzok and from Lisa Page that talked about how it could never happen; that Donald Trump could never beat Hillary Clinton. But they had an insurance policy in the event that that outside long shot actually took place.

Madam Speaker, I want people reminded of this because this insurance policy is being executed right now here in the House of Representatives in these impeachment hearings that are being conducted by ADAM SCHIFF, the chairman of the Select Committee on Intelligence.

Now, a number of things happened that need to be investigated that were not investigated nearly as deeply as they should have been and that is, for example, the mishandling of classified information on Hillary Clinton's server, her using a private server that she had set up intentionally to avoid the secure server that one would have as a Secretary of State.

The evidence shows that it is very likely, if not already confirmed, that Barack Obama communicated with Hillary Clinton through that server knowingly, and that he had an email address that was exclusive to him, that was certainly known by a number of people

who he communicated with on the off-line off channel, against-the-law effort to communicate outside the bounds of the government secure servers.

That was going on and she, you know, she paid for BleachBit. She hired people to scrub those servers to get rid of the information. There were over 30,000 emails that were the property of the American people in the form of the Federal Government that were destroyed.

We haven't found those, and she has not been held accountable for that. And the mishandling of that information was clear. It was a stark violation of Federal statute. In October of 2015, and again in April of 2016, then-President Barack Obama said: Well, Hillary Clinton would never intend to jeopardize our national security.

And when he spoke those words, he spoke those words into what became later on, effectively, law. Because the law doesn't require that there be any intent. Negligence, gross negligence, is the only requirement.

She was clearly grossly negligent. She certainly intended to circumvent the secure servers that had been set up for that very purpose of protecting the classified information of all of those emails that we got down out of Anthony Weiner's laptop. There was reported to be 650,000. Some of them were classified emails that went up into that laptop of Anthony Weiner.

□ 1400

But she was never taken to account on that. There was an interview of Hillary Clinton that took place July 2, 2016. That interview had in it, by testimony of the then-Attorney General Loretta Lynch, and also James Comey, the director of the FBI, both testified that there were eight agents in that room that questioned Hillary Clinton. They disagreed on how many were from the Department of Justice and how many were from the FBI.

Since the FBI is a division of the Department of Justice, I think that it is probably not as important an issue as this is: That we don't know their names. But I believe they were hand-picked to bring about the result.

The statement that was delivered 3 days later by James Comey on July 5, that 15- to 17-minute long presentation that sounded like an indictment of Hillary Clinton until you got down to the last few sentences of it, was written clear back in May, and it had the words "gross negligence" in it. And they changed those words from "gross negligence," because that matched the statute that would have been a clear violation, to "extreme carelessness" as opposed to "gross negligence."

And then James Comey said Hillary Clinton would never intend to, and you could not prove intent, so no serious prosecutor would prosecute because you couldn't prove that she intended to jeopardize our national security. But the statute doesn't require the intent. It was Barack Obama's words that



plugged intent into the effect of the language in the statute that I believe was clearly violated by Hillary Clinton.

And furthermore, of the eight that were in that room, the number of investigators that questioned Hillary Clinton, and that is a number that is again agreed to by Loretta Lynch and by James Comey, those eight, we don't know who they are.

I asked her under oath who was at the table. She said she didn't know. In fact, that she had never known. And I asked a previous attorney general that question: What are the odds that an attorney general under those circumstances, the highest-level investigation that the Department of Justice could ever conduct—aside from impeachment, by the way—was the investigation of Hillary Clinton's mishandling of the emails and the classified documents, what are the odds, I asked the former attorney general, that Loretta Lynch wouldn't know who was in that room questioning Hillary Clinton?

That former attorney general didn't want to go on record, so he held his hand up. Zero is what he signaled with his fingers, in that fashion. It looks like an "okay," for the RECORD.

Well, of course, it wasn't okay to get that answer. And I never believed it. I don't believe it today. I believe I was lied to under oath. And when I asked James Comey the same question under oath as well, he gave me a similar answer. He didn't know.

What are the odds James Comey didn't know who was in that room questioning Hillary Clinton?

And then I asked the question of Peter Strzok under oath, and Peter Strzok gave me an honest answer. He said, "I was." Well, we have seen him in most everything that was going on, and in fact, he was on Robert Mueller's investigative team as well until the text between himself and Lisa Page came out, and then there was no choice, he had to be removed from the Mueller team.

Peter Strzok showed up everywhere that these kind of finaglings were going on, and I believe that he was the one that put the team together that questioned Hillary Clinton that brought about a result that he wanted, and not necessarily an objective one.

So I would ask each one of them, I want to see—this is former Attorney General Loretta Lynch and James Comey, Peter Strzok and others, I want to see the videotape of the interview of Hillary Clinton that took place July 2, 2016.

Sorry, there is no videotape.

Then I want to hear the audiotape.

Sorry, there is no audiotape.

Then I want to read the transcripts.

Sorry, there is no transcript.

Well, they actually weren't sorry. We all know that, Madam Speaker. But there is no videotape of that interview, the highest-level interview that one could imagine at the time. There is no audiotape; there is no transcript.

What exists?

And their answer is, there is a 302 report. The 302 report is compiled from the notes of the investigators that were in the room. But we don't know who those investigators were, except for Peter Strzok. He said he was in the room, but he wouldn't tell me who the others were. And so some place out there, there are presumably eight sets of notes.

Madam Speaker, seven other people were there that heard the testimony of Hillary Clinton, and they are all anonymous. And if we had them before this Congress and we were able to ask them questions under oath, I am going to guess that one or more of them are going to tell us the truth about what took place in the room that day.

But nonetheless, they went through that process. James Comey stepped up and delivered a 15- to 17-minute statement to the press and to the public that resulted in no further action on the gross negligence, which is a violation of Federal statute, by Hillary Clinton.

And, therefore, we moved on to the Presidential election. And further, Peter Strzok, Lisa Page—and I am going to suggest many others—set about trying to prevent Donald Trump from becoming President of the United States. And they were pumping information into the press.

We had the Steele dossier. And you know much of this narrative as it unfolded, but once we got to the election, and Donald Trump was elected President of the United States, he is President-elect on the first Tuesday after the first Monday in November.

The following Sunday, in the Mandarin Oriental Hotel here in Washington, D.C., the highest level of Democrats in the country converged on that hotel starting Sunday afternoon, led by—according to a Politico article that I checked—led by George Soros, himself, in that hotel. His face is front and center on the article—in fact, several articles that are out there that tell about this gathering.

So the gathering was scheduled to plan how they were going to utilize—and I use that word kind of cautiously, instead of what I would prefer—how they were going to utilize the new Presidency of Hillary Clinton. But, of course, they had to change their plans, Madam Speaker.

So the plans instead were, how do we deny the ability of Donald Trump to govern this country? What shall we do? And out of that conference that was that following Sunday, Monday, Tuesday, and Wednesday morning, those days, they planned how they would resist this President, this duly-elected President under the Constitution of the United States with over 62 million votes cast for him—an electoral victory—over 300 electoral votes, and they planned on how they were going to deny the will of the American people under the Constitution.

And that plan started out with the resistance movement. And almost im-

mediately, you saw protests in the cities across the country. And I know some of those protestors were paid to go protest, Madam Speaker. So the disruption in our society began, the resistance began.

And what about the rest of the planning that likely took place there—and I use that word carefully, too, because a lot of this was never reported and never spoken to, but we know they planned the resistance movement. And you would see demonstrations in the street with big banners that said "resist" or "resistance."

We saw also nearly a million women came to this city that protested the inauguration of Donald Trump, wearing those pink hats. And I wouldn't repeat into the RECORD what they named those hats, Madam Speaker, but I met hundreds of them. I argued with scores of them, as a matter of fact, at a setting over in one part of the city that night.

Many of them were carrying obscene signs, obscene symbols, and they were there to resist the inauguration of the President and let the world know that they rejected President Donald Trump as a duly-elected President of the United States.

And other things took place, I believe, in the Mandarin Oriental Hotel. And I believe that was when they accelerated a strategy to weaponize certain words in our English language and into the political-speak here in the United States.

"Resist" was one of those words that they used, and that connotes that you are a revolutionary group, that you are fighting against an illegitimate government, that word "resist" or "resistance." And it foments friction within the streets, and it divides Americans, and it accentuated the differences between us.

Instead of coming together after an election, like we want to do and need to do, instead, we are being divided strategically by the hierarchy of the Democratic party in a strategy that was put together in the Mandarin Hotel in this town.

And then as this unfolded, other pieces of the strategy came together, but some of those things that I believe happened inside that hotel were the acceleration of the weaponization of words. And I can think of one that I know the data on from memory, and it was this: White nationalist.

I looked this up in LexisNexis, because the question came up in front of me in kind of an unexpected way. And so we went back in LexisNexis, first, to see if I had ever used those terms. Never, from the year 2000 all the way up until January of this year when the New York Times misquoted me as using it. But it was virtually unused from the year 2000 all the way up until 2016.

And that means 1 to 200 times a year that would show up in print somewhere in a blog, or maybe a scholarly report of some kind or another, the term

white nationalist. We didn't use those terms as Americans. We didn't write about them, we didn't speak them. It was outside the mind of anything that we were paying attention to collectively—1 to 200 times a year.

So the graph is flat from 2000 up to 2016. And 2016, abruptly, it shoots up to 10,000 times a year—virtually unused until 2016, 10,000 times. Many of that was in the latter part of the year, after the meeting in the Mandarin Hotel. And then the following year, 2017, that term white nationalist was used 30,000 times.

And in 2018, it was still used up there at 20,000 times, Madam Speaker. That was one of the words they weaponized. They weaponized Nazi and fascism and white supremacy altogether, and they want to attack Western Civilization itself.

There are other ways to divide America and to pit us against each other, but they were weaponizing terms.

Other things, the insurance policy that I mentioned earlier. Well, what is that insurance policy? It is tying the President up with protests, lock up everything, delay the confirmations, so that he can't put his government in place. You saw that happen in the Senate over and over again, where they did everything they could do to slow down the confirmation of the President's appointees and not let the President have the team that he wanted to run this country, and to slow down the confirmation of judges in our judicial system as well.

All of that was taking place. And that all fits within a strategy and a plan that I believe is rooted in that day, in that Sunday after the election, beginning there, Sunday, Monday, Tuesday, and Wednesday, after the election of Donald Trump.

Furthermore, the resistance, the weaponization of language, the delay of confirmations, the obstruction of the ability of the President to deploy the people he wants within this government—and meanwhile, then there was a strategy that was implemented, initially, by James Comey, and also Robert Mueller. Both of them interviewed to be the continuing director of the FBI. And James Comey has admitted all of this under oath, and he has told the public this, and, I think, bragged about it. And that is, that when he had his meeting with President Trump, he went out and sat in his car, and he typed up the notes on what he remembered.

He took those notes, by his own admission, to a professor at Columbia University, who is his friend, with directions for that professor to leak that information to the New York Times. By leaking the interpretation that was typed up by James Comey to the New York Times, they strategized that they could trigger a special counsel, especially, and that special counsel needed to be Robert Mueller. They pulled that all off with the cooperation of the second-in-command at the Department of Justice, Rod Rosenstein.

And so as those recommendations unfolded, we had Mueller as special counsel, James Comey was fired by the President—he resisted that, of course. But the Mueller report then, as they dug through that and spent nearly \$30 million, and they had their team of Never Trumpers to put on to investigate. And all the while, they were going to find the smoking gun.

I am going to use the term “the blue dress.” That would be the reasons that they could impeach Donald Trump. They never found it.

□ 1415

For nearly 2 years of the Mueller investigation, Democrats in this town and across the country were just anxiously waiting for: “When does this information come out that we can grab and say gotcha?”

Madam Speaker, when do you investigate a crime without a crime? When you identify the person whom you want to find guilty, and then you scour everything you possibly can to try to come up with something that you can use to declare the man to be guilty enough that you can do what they already wanted to do, which is remove this President from office.

If they can't remove him from office, then they want to render him ineffective so that they can push their agenda down on him. At the very least, they want to wound him in such a way that they can figure out how to beat him in the election.

That is not speculation, Madam Speaker. That is out of the mouth of one of our Members who speaks on impeachment in this House almost every single day, that we have to impeach Donald Trump because we can't beat him in the election.

The will of the people has already been inhibited and diminished because of the actions of this Congress and the actions of a complicit press, and here we sat with that all unfolding through the Mueller report. It finally came out with a big flop.

If you are wondering how this all fits together, Madam Speaker, then think back that there were 4 to 5 weeks of kind of silence after the Mueller report flopped. There were some who tried to resurrect it again to try to find a morsel in it that they could grasp and embellish. They just couldn't get traction because there was nothing there.

After those 4 to 5 weeks, then we end up with the whistleblower, the whistleblower who was not privy to this telephone conversation that took place on July 25, a whistleblower who I believe is a Democrat operative. The associations that are reported to me and many others say that he has been under the wing of, in the employment of, and in cooperation with many of the highest level people who are partisans on the Democratic side.

This whistleblower is kind of interesting. He triggers an impeachment investigation with second-, third-, and fourth-hand information. He has no

eyes-on, hands-on, or ears-on experience or experience of any kind. He writes a second-, third-, and fourth-hand whistleblower report. Actually, he didn't write it. A team of lawyers wrote this. He mailed it to the chair of the Permanent Select Committee on Intelligence on August 12.

We had ADAM SCHIFF with this whistleblower report in his hands August 12, and nothing happened for weeks because they were still planning their strategy. ADAM SCHIFF said that he doesn't know who the whistleblower is. That is going to turn out to be one of the clearest examples of untruth that one has seen in this Congress. With a straight face, he looks into the camera and says: I don't know who the whistleblower is, and I haven't met with him.

I think it will be corrected eventually in the RECORD.

The whistleblower must come forward. But when he filed that whistleblower report that was written by the lawyers for him, and it is secondhand, thirdhand, fourth-hand, 100 percent hearsay information, when he filed that, it was filed with the inspector general in the intelligence community.

The rules on accepting whistleblower reports require that it be firsthand information, not hearsay information. The inspector general changed the rules to be able to accept second-, third-, and fourth-hand hearsay information as a whistleblower complaint.

How far do you have to go to have to change the rules on the spot in order for that complaint to even be considered?

Now, the whistleblower becomes public in front of everybody for a day or 2 or 3.

Even much of the social media, I believe, is complicit in this effort to get rid of Donald Trump. They take down any information that would identify this whistleblower.

This is like the emperor has no clothes. He is known by thousands of people in this country. I would say tens of thousands of people, even, at a minimum. He is known by, I would say, at least half the Members on the Republican side, and I could speculate on the Democratic side.

Half the Members on this side know who this whistleblower is, but we can't speak his name because now the emperor has no clothes. We are going to act like we don't know who he is.

Somehow, his information is credible enough, even though it is hearsay, that you are putting America through all of this pain, this agony, and this trying to turn over another stone, and maybe there will be something underneath there that we can use to get rid of this President.

They are trying to find the firsthand information that has been missing, so they bring Ambassador Sondland forward. Surely, he would have firsthand information. He testified that he understood that there was a quid pro quo.

It turns out that his understanding was an assumption. It wasn't necessarily an experience, that he had anything that he could point to.

But he testified just yesterday. I thought it was pretty interesting.

The Republican attorney, Steve Castor, asked him this question: "Why don't you tell us, what did the President say to you on September 9 that you remember?"

"What did the President say?" That would be firsthand information, to answer that question.

Ambassador Sondland said: "Well, words to the effect—I decided to ask the President the question in an open-ended fashion because there were so many different scenarios floating around as to what was going on with Ukraine. So rather than ask the President nine different questions: Is it this? Is it this? Is it that?"

He is demonstrating how he might ask nine different questions. He said: "I just said, what do you want from Ukraine?"

This is exactly the quote that will now be in the transcript of his testimony yesterday. He said: "I may have even used a four-letter word." That sounds like an honest statement, then.

Sondland, the Ambassador, testified yesterday that the President's answer to that question, the question of what do you want from Ukraine was this: "I want nothing. I want no quid pro quo. I just want Zelensky to do the right thing, to do what he ran on." Then he finished up: "Or words to that effect."

That makes it pretty clear that the President isn't asking for a quid pro quo.

If there is some kind of suspicion on the part of disloyal bureaucrats who are of an opposite ideology from a duly elected President of the United States, who don't agree with his foreign policy, or who try to undermine his foreign policy and undermine the Presidency itself and the effect of the Presidency itself, that is what happens. They create these scenarios. They say that, surely, he must have wanted a quid pro quo.

This is clear evidence that there was not one. He stated multiple times that he was never told by the President that there were preconditions for the aid to be released. He was never told that there were preconditions.

I thank Congressman MICHAEL TURNER for bringing this out yesterday in such a clear fashion when he asked Ambassador Sondland so directly that question. Then Representative TURNER, to nail this down, said to Ambassador Sondland: "After you testified, Chairman SCHIFF ran out and gave a press conference and said he gets to impeach the President of the United States because of your testimony."

The understanding and the implication was that there was a quid pro quo, is what Representative TURNER is saying.

He continues the question to Sondland: "And if you pull up CNN today, right now, their banner says, 'Sondland ties Trump to withholding aid.' Is that your testimony today, Ambassador Sondland, that you have evi-

dence that Donald Trump tied the investigations to the aid? Because I don't think you are saying that."

Ambassador Sondland's response was: "I have said repeatedly, Congressman, I was presuming. I also said that President Trump," but Turner cut him off and said: "So no one told you, not just the President? Giuliani didn't tell you? Mulvaney didn't tell you? Nobody—Pompeo didn't tell you? Nobody else on this planet told you that Donald Trump was tying aid to these investigations; is that correct?"

Sondland said: "I think I already testified—"

Turner cut him off again and said: "No, answer the question. Is it correct? No one on this planet told you that Donald Trump was tying this aid to the investigations? Because if your answer is yes, then the chairman is wrong, and the headline on CNN is wrong. No one on this planet told you that President Trump was tying aid to investigations, yes or no?"

Ambassador Sondland answered "yes," which means no one told him that there was any quid pro quo. It was all in his head, and America is all tied up in these knots over this kind of secondhand information that is distorted in the minds of the people who delivered it to us.

This must be firsthand information, and it must be factual. America needs to be released from this. There is nothing here again. We are going into the third year of this Presidency, and still, they persist.

Madam Speaker, I appreciate being recognized to address you here. I wish you and everyone a very, very happy Thanksgiving. Let's come back happier than I happen to be today.

Madam Speaker, I yield back the balance of my time.

#### LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. LEWIS (at the request of Mr. HOYER) for today.

#### SENATE ENROLLED BILLS SIGNED

The Speaker announced her signature to enrolled bills of the Senate of the following titles:

S. 1838.—An act to amend the Hong Kong Policy Act of 1992, and for other purposes.

S. 2710.—An act to prohibit the commercial export of covered munitions items to the Hong Kong Police Force.

#### ADJOURNMENT

Mr. KING of Iowa. Madam Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 2 o'clock and 23 minutes p.m.), under its previous order, the House adjourned until tomorrow, Friday, November 22, 2019, at 1:30 p.m.

#### EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

3052. A letter from the Administrator, Agricultural Marketing Service, Specialty Crops Program, Department of Agriculture, transmitting the Department's final rule — Tomatoes Grown in Florida; Modification of Handling Regulations [Doc. No.: AMS-SC-18-0075; SC19-966-1 FR] received November 20, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Agriculture.

3053. A letter from the Administrator, National Organic Program, Agricultural Marketing Service, Department of Agriculture, transmitting the Department's final rule — National Organic Program; Amendments to the National List of Allowed and Prohibited Substances per April 2018 NOSB Recommendations (Crops and Handling) [Document Number: AMS-NOP-18-0051; NOP-18-02] (RIN: 0581 AD80) received November 20, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Agriculture.

3054. A letter from the Administrator, Cotton and Tobacco Program, Agricultural Marketing Service, Department of Agriculture, transmitting the Department's direct final rule — Cotton Board Rules and Regulations: Adjusting Supplemental Assessment on Imports (2019 Amendments) [Doc. #: AMS-CN-19-0007] received November 20, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Agriculture.

3055. A letter from the Counsel, Legal Division, Bureau of Consumer Financial Protection, transmitting the Bureau's interpretive rule — Truth in Lending (Regulation Z); Screening and Training Requirements for Mortgage Loan Originators With Temporary Authority received November 20, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Financial Services.

3056. A letter from the Chief Counsel, FEMA, Department of Homeland Security, transmitting the Department's final rule — Suspension of Community Eligibility [Docket ID: FEMA-2019-0003; Internal Agency Docket No.: FEMA-8601] received November 18, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Financial Services.

3057. A letter from the Chief Counsel, FEMA, Department of Homeland Security, transmitting the Department's final rule — Suspension of Community Eligibility [Docket ID: FEMA-2019-0003; Internal Agency Docket No.: FEMA-8597] received November 18, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Financial Services.

3058. A letter from the Chief Counsel, FEMA, Department of Homeland Security, transmitting the Department's final rule — Suspension of Community Eligibility [Docket ID: FEMA-2019-0003; Internal Agency Docket No.: FEMA-8595] received November 18, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Financial Services.

3059. A letter from the Chief Counsel, FEMA, Department of Homeland Security, transmitting the Department's final rule — Suspension of Community Eligibility [Docket ID: FEMA-2019-0003; Internal Agency Docket No.: FEMA-8603] received November 18, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Financial Services.

3060. A letter from the Regulatory Specialist, Chief Counsel's Office, Office of the

Comptroller of the Currency, Department of the Treasury, transmitting the Department's final rule — Regulatory Capital Rule: Simplifications to the Capital Rule Pursuant to the Economic Growth and Regulatory Paperwork Reduction Act of 1996; Revised Effective Date [Docket ID: OCC-2017-0018] (RIN: 1557-AE70) received November 19, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Financial Services.

3061. A letter from the Assistant General Counsel for Regulatory Affairs, Office of the General Counsel, U.S. Consumer Product Safety Commission, transmitting the Commission's direct final rule — Revisions to Safety Standards for Non-Full-Size Baby Cribs and Play Yards [Docket No.: CPSC-2019-0025] received November 18, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

3062. A letter from the Assistant Secretary for Export Administration, Department of Commerce, transmitting the Department's final rule — Addition of Entities to the Entity List, Revision of an Entry on the Entity List, and Removal of Entities from the Entity List [Docket No.: 191105-0076] (RIN: 0694-AH85) received November 20, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Foreign Affairs.

3063. A letter from the Director, Defense Security Cooperation Agency, Department of Defense, transmitting Transmittal No. 19-69, pursuant to the reporting requirements of Section 36(b)(1) of the Arms Export Control Act, as amended; to the Committee on Foreign Affairs.

3064. A letter from the Assistant Secretary, Bureau of Legislative Affairs, Department of State, transmitting Transmittal No. DDTC 19-031, pursuant to the reporting requirements of Section 36(c) and (d) of the Arms Export Control Act; to the Committee on Foreign Affairs.

3065. A letter from the Deputy Director, Office for Management Policy, Budget, and Performance, Office for Acquisition and Assistance, U.S. Agency for International Development, transmitting the Agency's final rule — Agency for International Development Acquisition Regulation (AIDAR): Revisions to the Incentive Awards Program for Personal Services Contractors (PSCs) (RIN: 0412-AA93) received November 18, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Foreign Affairs.

3066. A letter from the Acting Director, Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's temporary rule — Fisheries of the Exclusive Economic Zone Off Alaska; Reallocation of Pacific Cod in the Western Regulatory Area of the Gulf of Alaska [Docket No.: 180831813-9170-02] (RIN: 0648-XY053) received November 18, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Natural Resources.

3067. A letter from the Acting Director, Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's temporary rule — Fisheries of the Exclusive Economic Zone Off Alaska; Reallocation of Pacific Cod in the Bering Sea and Aleutian Islands Management Area [Docket No.: 180713633-9174-02] (RIN: 0648-XY052) received November 18, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Natural Resources.

3068. A letter from the Acting Director, Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration,

transmitting the Administration's temporary rule — Fisheries of the Exclusive Economic Zone Off Alaska; Several Groundfish Species in the Bering Sea and Aleutian Islands Management Area [Docket No.: 180713633-9174-02] (RIN: 0648-XY049) received November 18, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Natural Resources.

3069. A letter from the Acting Director, Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's temporary rule — Fisheries of the Exclusive Economic Zone Off Alaska; Pacific Cod by Vessels Using Pot Gear in the Western Regulatory Area of the Gulf of Alaska [Docket No.: 180831813-9170-02] (RIN: 0648-XY027) received November 18, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Natural Resources.

3070. A letter from the Acting Director, Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's temporary rule — Fisheries of the Exclusive Economic Zone Off Alaska; Pacific Cod by Non-American Fisheries Act Crab Vessels Operating as Catcher Vessels Using Pot Gear in the Western Regulatory Area of the Gulf of Alaska [Docket No.: 180831813-9170-02] (RIN: 0648-XY028) received November 18, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Natural Resources.

3071. A letter from the Acting Director, Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's temporary rule — Fisheries of the Caribbean, Gulf of Mexico, and South Atlantic; 2019 Commercial Accountability Measure and Closure for South Atlantic Gray Triggerfish; July Through December Season [Docket No.: 141107936-5399-02] (RIN: 0648-XS014) received November 18, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Natural Resources.

3072. A letter from the Acting Director, Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's notification of quota transfer — Fisheries of the Northeastern United States; Summer Flounder Fishery; Quota Transfer From NC to CT [Docket No.: 190325272-9537-02] (RIN: 0648-XX024) received November 18, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Natural Resources.

3073. A letter from the Acting Director, Office of Sustainable Fisheries, NMFS-PIR, National Oceanic and Atmospheric Administration, transmitting the Administration's temporary rule — Pacific Island Pelagic Fisheries; 2019 Commonwealth of the Northern Mariana Islands Bigeye Tuna Fishery; Closure [Docket No.: 190325272-9537-02] (RIN: 0648-XG925) received November 18, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Natural Resources.

3074. A letter from the Attorney-Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting the Department's temporary final rule — Regulated Navigation Area; Saint Simmons Sound, GA [Docket Number: USCG-2019-0803] (RIN: 1625-AA11) received November 18, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

3075. A letter from the Attorney — Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting the Department's

final rule — Safety Zone; Mackinaw City Fall Colors Fireworks, Mackinaw City, MI [Docket Number: USCG-2019-0758] (RIN: 1625-AA00) received November 18, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

3076. A letter from the Attorney-Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting the Department's temporary final rule — Safety Zone; Wando Terminal Crane Movement; Charleston, SC [Document Number: USCG-2019-0741] (RIN: 1625-AA00) received November 18, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

3077. A letter from the Attorney-Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting the Department's temporary final rule — Safety Zones; Humboldt Bay Bar and Entrance Channel, Eureka, CA, Noyo River Entrance Channel, Ft. Bragg, CA, and Crescent City Harbor Entrance Channel, Crescent City, CA [Docket No.: USCG-2019-0813] (RIN: 1625-AA00) received November 18, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

3078. A letter from the Attorney-Advisor, U.S. Coast Guard, Department of Homeland Security, transmitting the Department's temporary final rule — Safety Zone; Naval Training Operations, U.S. Naval Magazine Indian Island, WA [Docket Number: USCG-2019-0857] (RIN: 1625-AA00) received November 18, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

3079. A letter from the Attorney-Advisor, Office of Chief Counsel, Federal Transit Administration, Department of Transportation, transmitting the Department's final rule — Transportation Infrastructure Management [Docket No.: FTA-2019-000X] (RIN: 2132-AB37) received November 20, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

3080. A letter from the Attorney-Advisor, Office of Chief Counsel, Federal Transit Administration, Department of Transportation, transmitting the Department's final rule — Clean Fuels Grant Program [Docket No.: FTA-2019-000X] (RIN: 2132-AB36) received November 20, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Transportation and Infrastructure.

3081. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final regulations— Ownership Attribution for Purposes of Determining Whether a Person Is Related to a Controlled Foreign Corporation; Rents Derived in the Active Conduct of a Trade or Business [TD 9883] (RIN: 1545-BM90) received November 18, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Ways and Means.

3082. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final regulations — Electronic Filing of the Report of Health Insurance Provider Information [TD 9881] (RIN: 1545-BN57) received November 18, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Ways and Means.

3083. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's IRB only rule — Optional Standard Mileage Rates Procedures (Rev. Proc. 2019-46) received November 18, 2019, pursuant to 5 U.S.C. 801(a)(1)(A);

Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Ways and Means.

## REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Ms. WATERS: Committee on Financial Services. H.R. 3614. A bill to amend the Fair Credit Reporting Act to ban the use of credit information for most employment decisions, and for other purposes; with an amendment (Rept. 116-305). Referred to the Committee of the Whole House on the state of the Union.

Ms. WATERS: Committee on Financial Services. H.R. 3618. A bill to establish requirements relating to credit scores and educational credit scores, and for other purposes; with an amendment (Rept. 116-306). Referred to the Committee of the Whole House on the state of the Union.

Ms. WATERS: Committee on Financial Services. H.R. 3629. A bill to amend the Fair Credit Reporting Act to establish clear Federal oversight of the development of credit scoring models by the Bureau of Consumer Financial Protection, and for other purposes; with an amendment (Rept. 116-307). Referred to the Committee of the Whole House on the state of the Union.

## PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mr. ROSE of New York (for himself, Mr. THOMPSON of Mississippi, Ms. CLARKE of New York, Miss RICE of New York, Ms. UNDERWOOD, Mr. PAYNE, and Ms. SLOTKIN):

H.R. 5209. A bill to direct the Under Secretary for Science and Technology of the Department of Homeland Security to design and administer a voluntary online terrorist content moderation exercise program, and for other purposes; to the Committee on Homeland Security.

By Ms. LOFGREN (for herself, Mr. NADLER, Ms. JAYAPAL, Mr. NEGUSE, Mr. CASTRO of Texas, Mr. CROW, Ms. DEAN, Ms. DELAURO, Mr. DESAULNIER, Mr. ENGEL, Ms. ESCOBAR, Mr. ESPAILLAT, Ms. GARCIA of Texas, Mr. GRIJALVA, Mr. HIGGINS of New York, Mr. JOHNSON of Georgia, Mr. KHANNA, Mr. LOWENTHAL, Mr. MCGOVERN, Mrs. NAPOLITANO, Ms. NORTON, Mr. PALLONE, Mr. PANETTA, Mr. QUIGLEY, Mr. RASKIN, Mr. SIREs, Mr. SMITH of Washington, Mr. SWALWELL of California, Mrs. WATSON COLEMAN, Mr. WELCH, Ms. TLAIB, and Mr. VISCLOSKEY):

H.R. 5210. A bill to provide for the admission and protection of refugees, asylum seekers, and other vulnerable individuals, to provide for the processing of refugees and asylum seekers in the Western Hemisphere, and to modify certain special immigrant visa programs, and for other purposes; to the Committee on the Judiciary, and in addition to the Committees on Ways and Means, the Budget, and Foreign Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. CASE (for himself and Mr. WOMACK):

H.R. 5211. A bill to establish a national commission on fiscal responsibility and re-

form, and for other purposes; to the Committee on the Budget, and in addition to the Committee on Rules, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. ARRINGTON (for himself, Ms. DELBENE, Mr. MARSHALL, and Mr. BERA):

H.R. 5212. A bill to amend title XVIII of the Social Security Act to improve the benchmarking process for the Medicare Shared Savings Program; to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Ms. KENDRA S. HORN of Oklahoma (for herself, Mr. BABIN, Ms. JOHNSON of Texas, Mr. LUCAS, and Mr. PALAZZO):

H.R. 5213. A bill to amend title 51, United States Code, to extend the authority of the National Aeronautics and Space Administration to enter into leases of non-excess property of the Administration; to the Committee on Science, Space, and Technology.

By Ms. TLAIB (for herself and Mr. MEADOWS):

H.R. 5214. A bill to amend title 5, United States Code, to prevent fraud by representative payees; to the Committee on Oversight and Reform.

By Ms. SHERRILL (for herself, Mr. KING of New York, Mr. HIMES, Mrs. HAYES, and Mr. TURNER):

H.R. 5215. A bill to amend the Internal Revenue Code of 1986 to extend expensing of environmental remediation costs; to the Committee on Ways and Means.

By Ms. SCHAKOWSKY (for herself, Mrs. HAYES, Mr. GARAMENDI, Mr. RYAN, Mr. CARSON of Indiana, Ms. MOORE, Ms. ROYBAL-ALLARD, Mrs. CAROLYN B. MALONEY of New York, Mrs. DINGELL, Ms. DELAURO, Ms. BASS, Ms. JOHNSON of Texas, Mr. DANNY K. DAVIS of Illinois, Mr. HASTINGS, Mr. PAYNE, Ms. MATSUI, Ms. UNDERWOOD, Ms. JAYAPAL, Ms. PRESSLEY, Ms. JUDY CHU of California, Ms. CLARKE of New York, Mr. KHANNA, Mr. DEUTCH, Mr. DESAULNIER, Ms. LEE of California, and Mr. TONKO):

H.R. 5216. A bill to amend titles XVIII and XIX of the Social Security Act to revise minimum nurse staffing requirements for skilled nursing facilities under the Medicare program and for nursing facilities under the Medicaid program, and for other purposes; to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. MCCLINTOCK (for himself, Mr. MCCARTHY, Mr. BISHOP of Utah, Mr. CALVERT, Mr. NUNES, Mr. NEWHOUSE, Mr. FULCHER, Mr. COOK, Mr. LAMALFA, Mr. HUNTER, Mr. GOSAR, and Mr. TIPTON):

H.R. 5217. A bill to provide for western water security, reliability, modernization, and abundance, and for other purposes; to the Committee on Natural Resources, and in addition to the Committees on Transportation and Infrastructure, Agriculture, and Science, Space, and Technology, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. MCCLINTOCK (for himself, Mr. GOSAR, Mr. CURTIS, Mr. LAMALFA, Mr. CALVERT, Mr. NEWHOUSE, and Mr. STAUBER):

H.R. 5218. A bill to direct the Secretary concerned to coordinate with impacted parties when conducting a forest management activity, and for other purposes; to the Committee on Agriculture, and in addition to the Committee on Natural Resources, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. NADLER:

H.R. 5219. A bill to amend title 17, United States Code, to require broadcasters to obtain permission to transmit content owned by another person, and for other purposes; to the Committee on the Judiciary.

By Mr. NORMAN (for himself, Mr. BIGGS, Mr. PERRY, Mr. KEVIN HERN of Oklahoma, and Mr. JOHNSON of Ohio):

H.R. 5220. A bill to amend the Congressional Budget and Impoundment Control Act of 1974 to provide for a legislative line-item veto to expedite consideration of rescissions, and cancellations of items of new direct spending and limited tax benefits; to the Committee on the Budget, and in addition to the Committee on Rules, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. MCEACHIN (for himself, Ms. HAALAND, Mrs. DINGELL, Mr. BLUMENAUER, Mr. TONKO, Ms. PINGREE, Mr. PALLONE, Mr. GRIJALVA, Mr. DEFAZIO, Mr. SCOTT of Virginia, Mr. ENGEL, Mrs. LOWEY, Mr. NADLER, Mr. SMITH of Washington, Ms. WATERS, Mr. THOMPSON of Mississippi, Ms. LOFGREN, Ms. VELAZQUEZ, Mr. MCGOVERN, Mr. SCHIFF, Mr. TAKANO, Mr. RUSH, Ms. ADAMS, Mr. AGUILAR, Ms. BARRAGAN, Ms. BASS, Mrs. BEATTY, Mr. BERA, Mr. BEYER, Mr. BISHOP of Georgia, Ms. BLUNT ROCH-ESTER, Ms. BONAMICI, Mr. BRENDAN F. BOYLE of Pennsylvania, Ms. BROWNLEY of California, Mr. CARBAJAL, Mr. CARSON of Indiana, Mr. CARTWRIGHT, Mr. CASTRO of Texas, Ms. JUDY CHU of California, Mr. CISNEROS, Ms. CLARK of Massachusetts, Ms. CLARKE of New York, Mr. CLAY, Mr. CLEAVER, Mr. COHEN, Mr. CONNOLLY, Mr. COOPER, Mr. CRIST, Mr. CROW, Mr. CUNNINGHAM, Mrs. DAVIS of California, Ms. DEAN, Ms. DEGETTE, Ms. DELAURO, Ms. DELBENE, Mr. DESAULNIER, Mr. DOGETT, Mr. MICHAEL F. DOYLE of Pennsylvania, Ms. ESCOBAR, Ms. ESHOO, Mr. ESPAILLAT, Mr. EVANS, Ms. FRANKEL, Mr. GALLEGO, Mr. GARAMENDI, Mr. GARCIA of Illinois, Mr. HASTINGS, Mrs. HAYES, Mr. HECK, Mr. HIMES, Ms. HOULAHAN, Mr. HUFFMAN, Ms. JAYAPAL, Mr. JEFFRIES, Mr. JOHNSON of Georgia, Mr. KEATING, Ms. KELLY of Illinois, Mr. KENNEDY, Mr. KILDEE, Mr. KILMER, Mrs. KIRKPATRICK, Ms. KUSTER of New Hampshire, Mr. LANGEVIN, Mr. LARSEN of Washington, Mr. LARSON of Connecticut, Mrs. LAWRENCE, Ms. LEE of California, Mr. LEVIN of Michigan, Mr. LEVIN of California, Mr. TED LIEU of California, Mr. LIPINSKI, Mr. LOWENTHAL, Mr. LUJAN, Mrs. LURIA, Mr. MALINOWSKI, Ms. MATSUI, Ms. MCCOLLUM, Mr. MCNERNEY, Mr. MEEKS, Ms. MENG, Mr. MORELLE, Mr. MOULTON, Ms. MUCARSEL-POWELL, Mrs. NAPOLITANO,

Mr. NEGUSE, Ms. NORTON, Mr. PANNETTA, Mr. PAPPAS, Mr. PAYNE, Mr. PERLMUTTER, Mr. PETERS, Mr. PHILLIPS, Mr. POCAN, Ms. PORTER, Mr. PRICE of North Carolina, Mr. QUIGLEY, Mr. RASKIN, Ms. ROYBAL-ALLARD, Mr. RUIZ, Mr. RYAN, Mr. SABLAN, Ms. SANCHEZ, Mr. SARBANES, Ms. SCANLON, Ms. SCHAKOWSKY, Mr. SCHNEIDER, Mr. SCHRADER, Ms. SCHRIER, Mr. SERRANO, Ms. SHALALA, Ms. SHERRILL, Ms. SLOTKIN, Mr. SOTO, Ms. SPANBERGER, Ms. SPEIER, Mr. STANTON, Ms. STEVENS, Mr. SUOZZI, Mr. THOMPSON of California, Mr. TRONE, Ms. UNDERWOOD, Mr. VAN DREW, Mr. VARGAS, Mr. VEASEY, Ms. WASSERMAN SCHULTZ, Mrs. WATSON COLEMAN, Mr. WELCH, Ms. WEXTON, Ms. WILD, Ms. WILSON of Florida, Mr. SWALWELL of California, Mrs. TRAHAN, Mr. KHANNA, Mr. CICILLINE, Mr. HORSFORD, and Mr. LYNCH):

H.R. 5221. A bill to declare a national goal that the United States achieve a 100 percent clean economy by not later than 2050, and for other purposes; to the Committee on Energy and Commerce.

By Mr. ALLRED (for himself and Mr. TRONE):

H.R. 5222. A bill to amend the Higher Education Act of 1965 to establish notification requirements for policies concerning expectant and parenting students, and for other purposes; to the Committee on Education and Labor.

By Mrs. BEATTY:

H.R. 5223. A bill to amend the Federal Housing Enterprises Financial Safety and Soundness Act of 1992 to adjust the affordable housing allocations; to the Committee on Financial Services.

By Mr. BISHOP of North Carolina (for himself, Mr. BUDD, Mr. WESTERMAN, and Mr. SMUCKER):

H.R. 5224. A bill to codify certain rules related to health reimbursement arrangements and other account-based group health plans; to the Committee on Energy and Commerce, and in addition to the Committees on Education and Labor, and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Ms. JUDY CHU of California (for herself, Mr. SCOTT of Virginia, Ms. NORTON, Mrs. NAPOLITANO, Ms. ROYBAL-ALLARD, Ms. GARCIA of Texas, Mr. RASKIN, Mr. TRONE, Ms. JAYAPAL, and Ms. BARRAGÁN):

H.R. 5225. A bill to protect victims of crime or serious labor violations from removal during Department of Homeland Security enforcement actions, and for other purposes; to the Committee on the Judiciary.

By Mr. CUNNINGHAM:

H.R. 5226. A bill to prohibit the use of official funds for travel by Members of Congress during a fiscal year until each of the regular appropriations bills for such fiscal year have been enacted into law, and for other purposes; to the Committee on House Administration, and in addition to the Committee on Rules, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mrs. DEMINGS (for herself, Mr. LAMB, Mr. RUTHERFORD, and Mr. BABIN):

H.R. 5227. A bill to establish the Office of Digital Law Enforcement within the Office of Justice Programs, and to establish grant programs to improve the digital evidence capacity of law enforcement personnel, and for other purposes; to the Committee on the Judiciary, and in addition to the Committee on

Homeland Security, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. DESJARLAIS:

H.R. 5228. A bill to direct the Comptroller General of the United States to conduct a study and submit a report on the Federal Government's ability to hire and retain Chinese-language-capable employees, and for other purposes; to the Committee on Oversight and Reform.

By Mr. DIAZ-BALART (for himself, Mr. DEUTCH, Mr. RUTHERFORD, and Mrs. MURPHY of Florida):

H.R. 5229. A bill to establish the Federal Clearinghouse on School Safety Best Practices, and for other purposes; to the Committee on Education and Labor, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. ENGEL (for himself, Mr. UPTON, Mr. COX of California, and Mr. KING of New York):

H.R. 5230. A bill to amend the Public Health Service Act with regard to research on asthma, and for other purposes; to the Committee on Energy and Commerce.

By Mr. ESPAILLAT (for himself and Mr. LARSEN of Washington):

H.R. 5231. A bill to amend title 23, United States Code, to improve the transportation alternatives program, and for other purposes; to the Committee on Transportation and Infrastructure.

By Mr. FITZPATRICK (for himself, Ms. KUSTER of New Hampshire, and Mrs. MURPHY of Florida):

H.R. 5232. A bill to amend titles XIX and XXI of the Social Security Act to remove barriers to access to residential substance use disorder treatment services under Medicaid and the Children's Health Insurance Program (CHIP); to the Committee on Energy and Commerce.

By Mr. FITZPATRICK (for himself and Ms. KUSTER of New Hampshire):

H.R. 5233. A bill to extend the temporary scheduling order issued by Administrator of the Drug Enforcement Administration to schedule fentanyl-related substances under the Controlled Substances Act; to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. GALLAGHER (for himself, Mr. PAPPAS, Mr. ROUDA, and Mr. BALDERSON):

H.R. 5234. A bill to direct the Secretary of Transportation to establish a Motorcyclist Advisory Council, and for other purposes; to the Committee on Transportation and Infrastructure.

By Mr. GROTHMAN (for himself, Mr. NORMAN, and Mr. WILSON of South Carolina):

H.R. 5235. A bill to amend the Food and Nutrition Act of 2008 to require States to include a photograph on electronic benefit cards issued to provide supplemental nutrition assistance program benefits; to the Committee on Agriculture.

By Mr. HARDER of California (for himself, Mr. FITZPATRICK, Ms. BLUNT ROCHESTER, Mr. UPTON, Mr. COLE, and Mr. MOULTON):

H.R. 5236. A bill to establish a competitive grant program to support out-of-school-time youth workforce readiness programs, providing employability skills development, career exploration, employment readiness

training, mentoring, work-based learning, and workforce opportunities for eligible youth; to the Committee on Education and Labor.

By Mr. HIGGINS of New York:

H.R. 5237. A bill to amend title 36, United States Code, to designate a flag as the Purple Heart Flag; to the Committee on the Judiciary.

By Ms. HOULAHAN (for herself, Mr. PAPPAS, Mr. CISNEROS, Ms. SPANBERGER, Mr. KILMER, Ms. HAALAND, Mr. MOULTON, Ms. ROYBAL-ALLARD, Ms. SCHRIER, Mr. COOK, Mr. PHILLIPS, and Ms. SLOTKIN):

H.R. 5238. A bill to amend title 10, United States Code, to include digital breast tomosynthesis as a primary and preventative health care service under the military health system and the TRICARE program; to the Committee on Armed Services.

By Mr. JOYCE of Ohio:

H.R. 5239. A bill to require reporting on prescription drug expenditures under group health plans and on prescription drug price changes, and for other purposes; to the Committee on Energy and Commerce.

By Mr. KIND (for himself, Mr. HOLDING, Ms. MOORE, Mrs. WALORSKI, Mr. SUOZZI, Mr. LAHOOD, Mr. HIGGINS of New York, Mr. FERGUSON, Mr. LARSON of Connecticut, Mr. ESTES, Ms. SEWELL of Alabama, Mr. SCHNEIDER, and Mr. SMITH of Missouri):

H.R. 5240. A bill to amend the Internal Revenue Code of 1986 to make the look-thru rule for related controlled foreign corporations permanent; to the Committee on Ways and Means.

By Mr. KRISHNAMOORTHY:

H.R. 5241. A bill to provide consumer protections for students; to the Committee on Education and Labor, and in addition to the Committees on Armed Services, and Veterans' Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. MCKINLEY (for himself and Ms. KAPTUR):

H.R. 5242. A bill to amend title XIX of the Social Security Act to prohibit the Secretary of Health and Human Services from treating any Medicaid-related funds recovered from one or more pharmaceutical companies or drug distributors with respect to opioid litigation as an overpayment under such title, and for other purposes; to the Committee on Energy and Commerce.

By Ms. MENG (for herself, Mrs. BEATTY, Ms. BLUNT ROCHESTER, Mrs. BUSTOS, Mr. BUTTERFIELD, Ms. CLARKE of New York, Mr. ENGEL, Mr. ESPAILLAT, Ms. FUDGE, Mr. GONZALEZ of Texas, Mr. JOHNSON of Georgia, Mr. KHANNA, Mrs. LAWRENCE, Mr. NADLER, Mr. RYAN, Mr. SABLAN, Mr. THOMPSON of Mississippi, Ms. TLAIB, Mr. TONKO, Ms. VELÁZQUEZ, and Mrs. WATSON COLEMAN):

H.R. 5243. A bill to amend the National Telecommunications and Information Administration Organization Act to establish a mobile hotspot grant program, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committee on Education and Labor, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Ms. OMAR:

H.R. 5244. A bill to establish new units of public housing and private market affordable housing, to provide grants to combat gentrification and neighborhood destabilization, and for other purposes; to the Committee on Financial Services.



By Mr. PAPPAS (for himself and Mr. ROSE of New York):

H.R. 5245. A bill to amend title 38, United States Code, to provide for a bar on the recovery of certain payments or overpayments made by the Department of Veterans Affairs by reason of delays in processing of certain information, and for other purposes; to the Committee on Veterans' Affairs.

By Mr. PASCRELL (for himself, Mr. LEWIS, Ms. SÁNCHEZ, Mr. DANNY K. DAVIS of Illinois, Mr. SUOZZI, Mr. PANNETTA, and Ms. SEWELL of Alabama):

H.R. 5246. A bill to direct the Secretary of Health and Human Services to carry out a Health in All Policies Demonstration Project, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. PETERS:

H.R. 5247. A bill to require prime contractors under Federal construction contracts to notify the Government of changes in certain subcontractors performing work under the contract; to the Committee on Oversight and Reform.

By Mr. SUOZZI:

H.R. 5248. A bill to award a Congressional gold medal to the 369th Infantry Regiment, commonly known as the "Harlem Hellfighters", in recognition of their bravery and outstanding service during World War I; to the Committee on Financial Services, and in addition to the Committee on House Administration, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. TRONE (for himself, Mr. THOMPSON of Pennsylvania, Ms. KUSTER of New Hampshire, and Mr. GUTHRIE):

H.R. 5249. A bill to amend the Child Nutrition Act of 1966 to support women, infants, and children impacted by substance use disorder, and for other purposes; to the Committee on Education and Labor.

By Mr. WRIGHT (for himself and Mr. BISHOP of Georgia):

H.R. 5250. A bill to amend the Internal Revenue Code of 1986 to make permanent the work opportunity tax credit for veterans and to allow an exemption from an employer's employment taxes in an amount equivalent to the value of such credit in the case of veterans; to the Committee on Ways and Means.

By Ms. GABBARD:

H. Con. Res. 77. Concurrent resolution directing the President pursuant to section 5(c) of the War Powers Resolution to remove United States Armed Forces from hostilities in the Syrian Arab Republic that have not been authorized by Congress; to the Committee on Foreign Affairs.

By Ms. TLAIB:

H. Res. 724. A resolution condemning the human rights violations taking place in Jammu and Kashmir and supporting Kashmiri self-determination; to the Committee on Foreign Affairs.

By Mr. JEFFRIES:

H. Res. 725. A resolution electing a certain Member to a certain standing committee of the House of Representatives; considered and agreed to.

By Mrs. BROOKS of Indiana (for herself, Mr. CARSON of Indiana, Mr. BUCSHON, Mr. VISCLOSKEY, Mr. HOLINGSWORTH, Mr. BANKS, Mr. PENCE, Mrs. WALORSKI, and Mr. BAIRD):

H. Res. 726. A resolution expressing support for the goals of Stomach Cancer Awareness Month; to the Committee on Energy and Commerce.

By Mr. GOTTHEIMER (for himself, Mr. ZELDIN, Mr. BRINDISI, Mr. VAN DREW, Mrs. LEE of Nevada, Mr. MCADAMS, Mrs. LURIA, Mr. SCHNEIDER, Mrs. MURPHY of Florida, Mr. SUOZZI, Mr. ROSE of New York, and Mr. DEUTCH):

H. Res. 727. A resolution affirming United States support for the State of Israel's right to defend itself from terrorist attacks; to the Committee on Foreign Affairs.

By Mr. GREEN of Texas (for himself, Ms. GARCIA of Texas, Mr. DAVID SCOTT of Georgia, and Mr. MCGOVERN):

H. Res. 728. A resolution condemning the decision of Federal Housing Finance Agency Director Mark A. Calabria to remove the borrower's preferred language question and the housing counseling question from the Universal Residential Loan Application; to the Committee on Financial Services.

By Mr. HARDER of California:

H. Res. 729. A resolution encouraging the President to expand the list of the Department of Veterans Affairs of presumptive medical conditions associated with exposure to Agent Orange to include Parkinsonism, bladder cancer, hypertension, and hypothyroidism; to the Committee on Veterans' Affairs, and in addition to the Committee on Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Ms. VELÁZQUEZ (for herself, Mr. CHABOT, Mr. ESPAILLAT, Mrs. RADEWAGEN, Mr. BALDERSON, Mr. VEASEY, Mr. KEVIN HERN of Oklahoma, Mr. HAGEDORN, Mr. STAUBER, Mr. BURCHETT, Mr. SPANO, Mr. JOYCE of Pennsylvania, Ms. HOULAHAN, Mr. EVANS, Ms. CRAIG, Ms. JUDY CHU of California, Mr. SCHNEIDER, Mr. GOLDEN, Ms. DAVIDS of Kansas, Mr. KIM, Ms. FINKENAUER, Mr. DELGADO, Mr. CROW, Ms. MCCOLLUM, Mr. CLAY, Mrs. AXNE, Mr. LAWSON of Florida, Mr. BOST, Mr. DAVID SCOTT of Georgia, Mr. FITZPATRICK, Mr. POSEY, Mr. POCAN, Mr. LATTA, Ms. NORTON, Ms. PINGREE, Mr. MEADOWS, Mr. HASTINGS, Mr. TAKANO, Ms. BROWNLEY of California, Mr. TIPTON, Mr. MARSHALL, Mr. KELLY of Mississippi, Mr. NORMAN, Ms. KELLY of Illinois, Mr. LUETKEMEYER, Ms. MENG, Mr. SEAN PATRICK MALONEY of New York, Mr. LIPINSKI, Mr. GRAVES of Missouri, Ms. BONAMICI, Mr. CURTIS, Mrs. MURPHY of Florida, and Mr. LAHOOD):

H. Res. 730. A resolution expressing support for the recognition and celebration of the vital role of small businesses, along with the efforts of the Small Business Administration to help Americans start, build, and grow businesses; to the Committee on Small Business.

## CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 7 of rule XII of the Rules of the House of Representatives, the following statements are submitted regarding the specific powers granted to Congress in the Constitution to enact the accompanying bill or joint resolution.

By Mr. ROSE of New York:

H.R. 5209.

Congress has the power to enact this legislation pursuant to the following:  
Article I, Section 8

By Ms. LOFGREN:

H.R. 5210.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, clause 4 provides Congress with the power to establish a "uniform rule of Naturalization."

By Mr. CASE:

H.R. 5211.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8

By Mr. ARRINGTON:

H.R. 5212.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8: to provide for the general welfare of the United States

By Ms. KENDRA S. HORN of Oklahoma:

H.R. 5213.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8 of the U.S. Constitution

By Ms. TLAIB:

H.R. 5214.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 1 of the U.S. Constitution

By Ms. SHERRILL:

H.R. 5215.

Congress has the power to enact this legislation pursuant to the following:

clause 18 of section 8 of article I of the Constitution.

By Ms. SCHAKOWSKY:

H.R. 5216.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3

The Congress shall have Power . . . To regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes.

By Mr. MCCLINTOCK:

H.R. 5217.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clauses 1, 3, and 18 of the Constitution of the United States.

By Mr. MCCLINTOCK:

H.R. 5218.

Congress has the power to enact this legislation pursuant to the following:

Article IV, Section 3, Clause 2 (the Property Clause), which confers on Congress the power to make all needful Rules and Regulations respecting the property belonging to the United States.

By Mr. NADLER:

H.R. 5219.

Congress has the power to enact this legislation pursuant to the following:

The Intellectual Property Clause, art. I, sec. 8, cl. 8, and the Commerce Clause, art. I, sec. 8, cl. 3.

By Mr. NORMAN:

H.R. 5220.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8

By Mr. McEACHIN:

H.R. 5221.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8

By Mr. ALLRED:

H.R. 5222.

Congress has the power to enact this legislation pursuant to the following:

The constitutional authority on which this bill rests is the power given to Congress under Article I of the Constitution of the United States.

By Mrs. BEATTY:

H.R. 5223.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3

By Mr. BISHOP of North Carolina:

H.R. 5224.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8

By Ms. JUDY CHU of California:

H.R. 5225.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section XIII of the Constitution:

The Congress shall have power to lay and collect taxes, duties, imposts and excises, to pay the debts and provide for the common defense and general welfare of the United States

By Mr. CUNNINGHAM:

H.R. 5226.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 5, Clause 2: "Each House may determine the Rules of its Proceedings . . ."

Article I, Section 8, Clause 1: "The Congress shall have Power To . . . pay the Debts and provide for the common Defence and general Welfare of the United States; . . ."

Article I, Section 8, Clause 18: "To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers. . . ."

By Mrs. DEMINGS:

H.R. 5227.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8

By Mr. DESJARLAIS:

H.R. 5228.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8 of the United States Constitution

By Mr. DIAZ-BALART:

H.R. 5229.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8 of the United States Constitution

By Mr. ENGEL:

H.R. 5230.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 3

By Mr. ESPAILLAT:

H.R. 5231.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 7: "The Congress shall have Power [. . .] to establish Post Offices and Post Roads.

By Mr. FITZPATRICK:

H.R. 5232.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section VIII Clause I

By Mr. FITZPATRICK:

H.R. 5233.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section VIII Clause III

By Mr. GALLAGHER:

H.R. 5234.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8

"To regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes."

By Mr. GROTHMAN:

H.R. 5235.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, of the Constitution of the United States.

By Mr. HARDER of California:

H.R. 5236.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8

By Mr. HIGGINS of New York:

H.R. 5237.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, of the Constitution of the United States

By Ms. HOULAHAN:

H.R. 5238.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, of the U.S. Constitution

By Mr. JOYCE of Ohio:

H.R. 5239.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 18

The Congress shall have Power\*\*\* To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by the Constitution in the Government of the United States, or in any Department or Office thereof.

The constitutional authority on which this bill rests is the power of Congress to regulate commerce with foreign nations, and among the several states, and with the Indian tribes, as enumerated in Article I, Section 8, Clause 3 of the United States Constitution.

By Mr. KIND:

H.R. 5240.

Congress has the power to enact this legislation pursuant to the following:

Clause 1 of Section 8 of Article I of the U.S. Constitution

By Mr. KRISHNAMOORTHY:

H.R. 5241.

Congress has the power to enact this legislation pursuant to the following:

Article 1 Section 8 of the U.S. Constitution

By Mr. MCKINLEY:

H.R. 5242.

Congress has the power to enact this legislation pursuant to the following:

Article 1 Section 8

Section 8—Powers of Congress. To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof.

By Ms. MENG:

H.R. 5243.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8 of the U.S. Constitution.

By Ms. OMAR:

H.R. 5244.

Congress has the power to enact this legislation pursuant to the following:

Article I Section I of the U.S. Constitution

By Mr. PAPPAS:

H.R. 5245.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 18, of the United States Constitution states that "Congress shall have the authority to make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof."

By Mr. PASCRELL:

H.R. 5246.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 1

By Mr. PETERS:

H.R. 5247.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8.

By Mr. SUOZZI:

H.R. 5248.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8 of the Constitution of the United States.

By Mr. TRONE:

H.R. 5249.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 18. To make all laws which shall be necessary and proper for carrying into execution the foregoing powers, and all other powers vested by this Constitution in the government of the United States, or in any department or officer thereof.

By Mr. WRIGHT:

H.R. 5250.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 1 of the Constitution, which states that "the Congress shall have power To lay and collect Taxes, Duties, Imposts and Excises, to pay the Debts and provide for the common Defence and general Welfare of the United States . . ."

### ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions, as follows:

H.R. 3: Mr. CASTRO of Texas, Mr. GONZALEZ of Texas, and Ms. BASS.

H.R. 24: Mr. STEWART.

H.R. 309: Mr. SCOTT of Virginia.

H.R. 333: Mr. NEGUSE.

H.R. 350: Ms. KENDRA S. HORN of Oklahoma.

H.R. 444: Mr. NEGUSE.

H.R. 446: Mr. SIRES.

H.R. 535: Mr. SCOTT of Virginia.

H.R. 587: Ms. STEVENS and Mr. RIGGLEMAN.

H.R. 730: Mr. PHILLIPS.

H.R. 788: Mr. RUTHERFORD.

H.R. 801: Mr. KIM.

H.R. 808: Mrs. HAYES.

H.R. 884: Ms. HAALAND and Mrs. LURIA.

H.R. 906: Mr. RESCENTHALER and Mr. MOONEY of West Virginia.

H.R. 912: Mr. CICILLINE, Mr. GARAMENDI, Mr. CONNOLLY, and Ms. SPEIER.

H.R. 927: Mr. LARSEN of Washington.

H.R. 945: Ms. MENG.

H.R. 961: Mr. VEASEY.

H.R. 1055: Mr. COSTA and Ms. GARCIA of Texas.

H.R. 1154: Mr. DOGGETT.

H.R. 1186: Mr. KILMER.

H.R. 1195: Ms. CRAIG.

H.R. 1367: Mr. BLUMENAUER, Mr. BRENDAN F. BOYLE of Pennsylvania, Mr. MORELLE, and Mr. PETERS.

H.R. 1377: Mr. DEUTCH.

H.R. 1400: Ms. SLOTKIN.

H.R. 1406: Mr. VAN DREW.

H.R. 1754: Mr. LEVIN of California and Mr. MCEACHIN.

H.R. 1840: Ms. BLUNT ROCHESTER, Mr. EMMER, and Mr. BUCHANAN.

H.R. 1869: Mr. MORELLE, Mr. SMITH of New Jersey, and Ms. KELLY of Illinois.

H.R. 1878: Mr. TAKANO and Mr. KIND.

H.R. 1923: Mr. LARSON of Connecticut and Ms. DAVIDS of Kansas.

H.R. 1948: Mr. SCOTT of Virginia.

H.R. 1964: Ms. MCCOLLUM.

H.R. 1981: Mr. COOPER.

H.R. 1998: Ms. HAALAND.

H.R. 2062: Mr. KIND.

H.R. 2096: Ms. PORTER, Mr. SUOZZI, and Mr. PHILLIPS.

H.R. 2153: Ms. CRAIG.

H.R. 2168: Ms. CRAIG and Mr. KILDEE.

H.R. 2176: Mr. VISCLOSKEY.  
 H.R. 2184: Mr. LYNCH.  
 H.R. 2201: Mr. FORTENBERRY, Mr. RASKIN, and Mr. RUTHERFORD.  
 H.R. 2256: Mr. PHILLIPS.  
 H.R. 2261: Mr. PHILLIPS.  
 H.R. 2283: Miss RICE of New York.  
 H.R. 2315: Mr. KIND.  
 H.R. 2328: Mr. VAN DREW.  
 H.R. 2339: Mr. GRIJALVA, Mr. TRONE, and Ms. PORTER.  
 H.R. 2382: Mr. WALDEN and Mr. GRAVES of Missouri.  
 H.R. 2466: Mr. BAIRD.  
 H.R. 2491: Mr. KILMER, Mr. SUOZZI, and Mr. VAN DREW.  
 H.R. 2508: Mr. PHILLIPS.  
 H.R. 2603: Mr. YOUNG.  
 H.R. 2651: Ms. WILD and Mr. KIND.  
 H.R. 2655: Mr. HUDSON, Mr. RICE of South Carolina, Mr. DUNCAN, Mr. FLORES, Mr. CARTER of Georgia, Mr. VELA, Mr. MITCHELL, Mr. MARSHALL, Mr. WALKER, Mr. WILSON of South Carolina, Mr. CHABOT, Mr. KELLY of Mississippi, Ms. SLOTKIN, and Mr. LAMBORN.  
 H.R. 2674: Mr. BLUMENAUER and Mr. COHEN.  
 H.R. 2694: Mrs. LURIA and Mr. NEGUSE.  
 H.R. 2731: Mr. TIPTON, Mr. SHERMAN, Mr. STAUBER, and Ms. SCHRIER.  
 H.R. 2771: Mr. PHILLIPS.  
 H.R. 2813: Mr. BLUMENAUER.  
 H.R. 2818: Mr. KIND, Ms. CRAIG, Mr. SHERMAN, and Mr. PETERS.  
 H.R. 2825: Mr. BACON and Mr. FERGUSON.  
 H.R. 2881: Ms. BLUNT ROCHESTER and Mr. CASE.  
 H.R. 2952: Mrs. AXNE.  
 H.R. 2985: Mr. PENCE and Mrs. MURPHY of Florida.  
 H.R. 3048: Mr. DAVID SCOTT of Georgia and Mr. SHERMAN.  
 H.R. 3080: Mr. LOWENTHAL.  
 H.R. 3082: Ms. ADAMS.  
 H.R. 3107: Mr. ROONEY of Florida and Mrs. KIRKPATRICK.  
 H.R. 3114: Mr. KHANNA, Mr. LUJÁN, Mr. PANETTA, Mr. THOMPSON of Mississippi, and Mr. VISCLOSKEY.  
 H.R. 3121: Mr. COLLINS of Georgia.  
 H.R. 3155: Mr. WOODALL, Mr. WITTMAN, Mr. DAVIDSON of Ohio, Mr. STEIL, Mr. CLOUD, Mr. KELLER, Mrs. LEE of Nevada, Mr. CARTER of Texas, Mr. TAYLOR, Mr. SENSENBRENNER, Ms. GRANGER, Mr. COOK, Mr. MURPHY of North Carolina, Mr. O'HALLERAN, Mr. FLEISCHMANN, Mr. CONAWAY, Mr. NUNES, Mr. DUNCAN, Mr. BISHOP of Utah, Mr. NORMAN, Mrs. BROOKS of Indiana, Mr. GRIFFITH, Mrs. MILLER, Mr. VARGAS, Mr. SMITH of Washington, Mr. YOHO, Mrs. HARTZLER, and Mr. LEVIN of California.  
 H.R. 3182: Mrs. HARTZLER.  
 H.R. 3197: Mr. PANETTA and Mrs. CAROLYN B. MALONEY of New York.  
 H.R. 3230: Mr. COHEN.  
 H.R. 3235: Mr. PRICE of North Carolina.  
 H.R. 3250: Mr. LAHOOD.  
 H.R. 3280: Mr. BRENDAN F. BOYLE of Pennsylvania.  
 H.R. 3303: Mr. TIPTON.  
 H.R. 3373: Mr. ESPAILLAT, Mr. CARTWRIGHT, and Mr. BEYER.  
 H.R. 3446: Mr. LEVIN of California and Mr. PHILLIPS.  
 H.R. 3473: Mr. FOSTER.  
 H.R. 3522: Mr. UPTON and Mr. REED.  
 H.R. 3570: Mr. PERLMUTTER.  
 H.R. 3706: Mr. SIRES.  
 H.R. 3762: Mr. CUELLAR, Mr. LONG, Mr. CORREA, and Mr. LANGEVIN.

H.R. 3789: Mr. MOULTON.  
 H.R. 3792: Mr. VAN DREW.  
 H.R. 3793: Mr. VAN DREW.  
 H.R. 3864: Mr. GOSAR.  
 H.R. 3884: Ms. KELLY of Illinois.  
 H.R. 3910: Mr. DANNY K. DAVIS of Illinois.  
 H.R. 3911: Ms. BLUNT ROCHESTER.  
 H.R. 3934: Mr. WITTMAN.  
 H.R. 3960: Mr. PERLMUTTER and Mr. BLUMENAUER.  
 H.R. 3977: Ms. MCCOLLUM.  
 H.R. 3990: Miss GONZÁLEZ-COLÓN of Puerto Rico.  
 H.R. 4019: Mr. CORREA and Mr. TED LIEU of California.  
 H.R. 4022: Ms. ESCOBAR and Mr. HASTINGS.  
 H.R. 4118: Mr. BRENDAN F. BOYLE of Pennsylvania.  
 H.R. 4141: Mr. FITZPATRICK and Mr. TRONE.  
 H.R. 4148: Mr. BLUMENAUER, Mrs. NAPOLITANO, and Ms. BARRAGÁN.  
 H.R. 4179: Mrs. LURIA.  
 H.R. 4193: Mr. THOMPSON of Mississippi and Mr. CRENSHAW.  
 H.R. 4194: Mr. HILL of Arkansas, Mr. TRONE, Mr. CROW, and Mr. TIPTON.  
 H.R. 4227: Mr. GRIFFITH.  
 H.R. 4229: Mr. GUTHRIE, Mr. TONKO, Mr. GRIFFITH, Ms. ESHOO, Mr. LUJÁN, Mr. RUSH, and Mr. O'HALLERAN.  
 H.R. 4230: Mr. GONZALEZ of Texas.  
 H.R. 4271: Ms. WILD.  
 H.R. 4305: Mr. ROUDA, Mr. KIND, Mr. CUELLAR, Mr. LAMB, Mrs. RADEWAGEN, Ms. GABBARD, Mr. JOHNSON of Louisiana, Mr. COX of California, Mr. CLAY, Ms. HOULAHAN, Mr. LARSEN of Washington, Ms. STEVENS, Mrs. LURIA, Mr. KELLY of Pennsylvania, Mrs. AXNE, Ms. ESCOBAR, Ms. SCHAKOWSKY, and Ms. KAPTUR.  
 H.R. 4326: Mr. GROTHMAN, Mrs. RODGERS of Washington, Mr. VAN DREW, Mr. ROSE of New York, and Mrs. AXNE.  
 H.R. 4351: Mr. CASE.  
 H.R. 4371: Ms. SLOTKIN.  
 H.R. 4436: Mr. PRICE of North Carolina.  
 H.R. 4456: Ms. SLOTKIN.  
 H.R. 4482: Mr. ROUZER.  
 H.R. 4521: Mrs. LESKO.  
 H.R. 4526: Mrs. LURIA.  
 H.R. 4607: Mr. HUFFMAN.  
 H.R. 4672: Mr. THOMPSON of California, Mr. SHERMAN, Ms. BARRAGÁN, Mr. COOK, Mr. VARGAS, Ms. WATERS, Ms. PORTER, Mr. RUIZ, Mr. COSTA, and Mr. GOMEZ.  
 H.R. 4674: Ms. JOHNSON of Texas and Ms. SLOTKIN.  
 H.R. 4681: Mr. MOULTON.  
 H.R. 4704: Mr. PANETTA.  
 H.R. 4722: Ms. ADAMS, Mr. GARCÍA of Illinois, Ms. LOFGREN, and Mr. KILDEE.  
 H.R. 4723: Ms. SPEIER.  
 H.R. 4735: Mr. THOMPSON of Pennsylvania, Mr. EVANS, and Mr. MCKINLEY.  
 H.R. 4781: Mr. KHANNA.  
 H.R. 4782: Mr. GONZALEZ of Texas.  
 H.R. 4843: Mr. LOWENTHAL.  
 H.R. 4864: Mr. ALLRED.  
 H.R. 4881: Mr. GOODEN, Ms. CHENEY, Mr. BYRNE, and Mr. HAGEDORN.  
 H.R. 4890: Mr. CÁRDENAS and Mr. SIRES.  
 H.R. 4898: Mr. RIGGLEMAN.  
 H.R. 4899: Mr. RIGGLEMAN.  
 H.R. 4900: Mr. RIGGLEMAN.  
 H.R. 4903: Mr. GIBBS, Mrs. HARTZLER, and Mr. POSEY.  
 H.R. 4940: Mr. WEBER of Texas.  
 H.R. 4986: Mr. DESAULNIER.  
 H.R. 4990: Mr. LIPINSKI.

H.R. 4995: Mr. FITZPATRICK and Ms. SCHAKOWSKY.  
 H.R. 5038: Mr. STEWART and Mr. GARAMENDI.  
 H.R. 5041: Mr. BROWN of Maryland, Mr. FITZPATRICK, Mr. TRONE, Ms. KUSTER of New Hampshire, Mr. SUOZZI, and Ms. WILSON of Florida.  
 H.R. 5046: Mr. KIND.  
 H.R. 5065: Mr. SPANO.  
 H.R. 5076: Mr. JOYCE of Pennsylvania.  
 H.R. 5078: Mr. SPANO.  
 H.R. 5086: Mrs. HARTZLER.  
 H.R. 5091: Mrs. NAPOLITANO, Ms. LEE of California, Mr. DESAULNIER, and Mr. THOMPSON of California.  
 H.R. 5102: Ms. LOFGREN.  
 H.R. 5105: Mr. KHANNA and Ms. JUDY CHU of California.  
 H.R. 5106: Mr. KHANNA and Ms. JUDY CHU of California.  
 H.R. 5109: Mr. KHANNA and Ms. JUDY CHU of California.  
 H.R. 5110: Mr. KHANNA and Ms. JUDY CHU of California.  
 H.R. 5111: Mr. KHANNA and Ms. JUDY CHU of California.  
 H.R. 5116: Mr. GOODEN, Mr. BUDD, and Mr. JOHN W. ROSE of Tennessee.  
 H.R. 5150: Ms. NORTON.  
 H.R. 5169: Mr. KELLY of Mississippi.  
 H.R. 5175: Mr. WEBSTER of Florida.  
 H.R. 5194: Mr. LYNCH.  
 H.R. 5195: Mr. SERRANO.  
 H.J. Res. 76: Ms. SLOTKIN.  
 H. Res. 60: Ms. PLASKETT.  
 H. Res. 374: Mr. HOLDING and Mr. DESAULNIER.  
 H. Res. 452: Mr. TED LIEU of California.  
 H. Res. 540: Ms. PORTER, Mr. KIM, Ms. SHERRILL, Mr. LEVIN of Michigan, Mr. GREEN of Texas, Mr. SIMPSON, Mr. RODNEY DAVIS of Illinois, Mr. HECK, Mr. BRENDAN F. BOYLE of Pennsylvania, Ms. JOHNSON of Texas, Mr. LARSEN of Washington, Mr. PAPPAS, Mr. COSTA, Mr. SCHNEIDER, Miss GONZÁLEZ-COLÓN of Puerto Rico, Ms. GRANGER, Mr. LEWIS, Mrs. BROOKS of Indiana, Mr. HORSFORD, Ms. TORRES SMALL of New Mexico, Mr. GALLEGU, Mrs. LAWRENCE, Mr. CRIST, Ms. HAALAND, Mr. RUSH, Mr. FOSTER, Ms. STEVENS, Mr. DEFazio, Mr. DELGADO, Mr. CARTWRIGHT, Mr. VISCLOSKEY, and Mr. SIRES.  
 H. Res. 631: Mr. WATKINS.  
 H. Res. 641: Mr. RUSH.  
 H. Res. 642: Mr. SMITH of Missouri.  
 H. Res. 653: Mr. MCGOVERN.  
 H. Res. 678: Mr. GREEN of Tennessee, Mr. BANKS, and Mr. LUETKEMEYER.  
 H. Res. 682: Mr. LUJÁN.  
 H. Res. 687: Mr. NEGUSE.  
 H. Res. 688: Ms. MCCOLLUM.  
 H. Res. 690: Mrs. WATSON COLEMAN.  
 H. Res. 698: Mrs. MURPHY of Florida.

### PETITIONS, ETC.

Under clause 3 of rule XII,  
 67. The SPEAKER presented a petition of the Council of the City of New York, NY, relative to Resolution No. 977, calling upon the United States Congress to pass, and the President to sign H.R. 724 and S. 479, the Preventing Animal Cruelty Torture Act, otherwise known as the PACT Act; which was referred to the Committee on the Judiciary.